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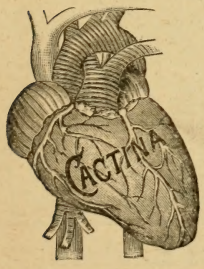

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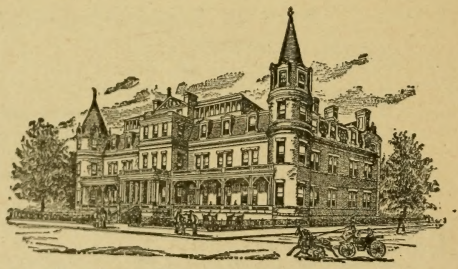

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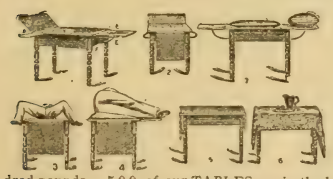

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Please Mention Charlotte Medical Journal.

Charlotte Medical Journal.

VOL. IV. CHARLOTTE, N. C., JAN., 1894. No. 1.

Original Communications.

The Antiseptic or Rational Treatment of Typhoid Fever.

BY J. WELLINGTON BYERS, M. D., CHARLOTTE, N. C.

Written Expressly for the Charlotte Medical Journal.

For a considerable period numerous and various attempts have been made to discover a satisfactory treatment for typhoid fever. Among the not unimportant results of these efforts has been to demonstrate that no disease is more susceptible of modification and control by proper treatment than this one. This assertion is substantiated by trustworthy statistics from various sources which show the mortality rate to fluctuate all the way from five to thirty per cent., according to the methods pursued. At the present time, however, the competition for popularity among methods has been considerably narrowed down, and instead of a large number we have the cold bath, the hydro-carbon compound antipyretics and intestinal antisepsis surviving as distinct plans most frequently advocated. Of these three the first mentioned has recently taken somewhat the advance in popularity over the others, and there is a manifest disposition on the part of some of its supporters to rely upon it as the very best, if not the ideal treatment for this disease. This is true to an extent where efforts are being made not so much to supplement other well tried and efficacious methods with hydrotherapy, but to supplant them, one and all, by it alone. It is because of this negative attitude of propagandism that this paper is undertaken, and its purpose will be not only to ascertain the real merits and rationale of the cold bath in its application to typhoid fever, but also to explain and vindicate the utility and success of another method, which is the equal of the cold bath in its final results and certainly far more in accordance with the standards and principles of rational medicine. I trust that this much may be said without undue reflection upon the cold bath. I am fully cog-

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nizant of its peculiar excellencies as an adjunct in this disease, but at the same time I realize that it possesses a strictly limited sphere of application and that it does not rise higher than a purely symptomatic and empirical method, such as is not in keeping with our advanced knowledge of the etiology, pathology and therapy of typhoid fever.

In order to possess a clear conception of the real *modus* of any curative agency it is necessary that we should first obtain a lucid and comprehensive understanding of all the factors which enter into and constitute the morbid conditions. In setting about to accomplish this it is an axiom of scientific medicine that the practitioner will, at all times, seek to trace each symptom back to the pathologic change which caused it, and, by a knowledge of the actions of remedial agencies upon the several tissues and organs, endeavor to remove or counteract the same. Of these alternatives the first is obviously the superior of the two, since to avoid or prevent is better than to cure. In accomplishing this he will moreover be careful always to distinguish and separate what is idiopathic and essential from what is merely sympathetic, symptomatic or non-essential, and direct his measures accordingly. In estimating the value of hydrotherapy by such standards as these, we shall see, from what is to follow, how far it meets the claims of being the very best method of therapy in typhoid fever.

Before doing this, however, it is proper to briefly refer to a few physiological facts in order to appreciate their bearing upon the questions in point.

All vital phenomena are incidents of the capacities of the ultimate cells to appropriate material from their media—to decompose it—to store up one part and to eliminate another. Those may be classed first, into animal heat; second, motor force. The latter may again be subdivided as secreting force, nervous force, and muscular force. So long as the organism is alive it must have food for two purposes, namely: the storage of force and the replacement of waste. If the consumption or loss of force exceed a certain limit the circulation and respiration are imperilled and life comes to a standstill. On the other hand, if anything in the surrounding media interferes with or prevents the final appropriation and use of the material for force by the cells, the results are equally disastrous—they die and the organism succumbs. Even

in the midst of abundance of food the cell in this way may perish because of intrinsic or extrinsic agencies which interfere with its vital functions and prevent the appropriation of its necessary pabulum. So much from the physiologic standpoint.

The pathologic conditions ordinarily manifested in typhoid fever are complex in character and a number of factors enter into and constitute its phenomena. We may class these into two groups. The first embraces changes arising from the local action of the bacilli and the concentrated toxine generated by them, and includes effects upon the lymphatic system of the intestines. The second group includes lesions which are not the immediate results of the local action of the bacilli, but are due to secondary, remote and constitutional infection and changes. The latter effects are not peculiar to this disease alone, but are found in connection with all infectious febrile disorders. The only constant and true characteristic lesion of typhoid fever then is the infiltrative,non-suppurative inflammation of the solitary and agminated glands of the intestines. Everything else is, so to speak, non-specific, not peculiar to the disease proper and as such, to all intents and purposes may be regarded as complications or additions to this disease. Such being true, it is necessary that we bear in mind that we have not only a patient to treat, but a disease to modify and control into which a number of stages and conditions enter, some of which it is possible to foresee, anticipate and avoid by the exercise of appropriate measures. Among the factors thus susceptible of control, high temperature stands first. It is now known to be the joint product of a number of causes, among which the inflammatory changes in Peyer's patches and putrefactive conditions in the intestines occupy a leading position. In addition to these, however, we have particularly after the second week, the effect of the pus-producing cocci which engraft themselves upon the glands already lowered in vitality by the specific actions of the bacilli and cause them to break down and ulcerate, thus adding a new and third factor of etiology to those already enumerated. Each of these agencies participate in the etiology of the complex result—fever, and must all be kept in view whenever means are directed towards its arrest and control. In the present state of our knowledge it is quite impossible to say just exactly how much of the fever or what proportion of it can be attributed to each of these agencies. Judging,

however, from the rapid and marked reduction of temperature that usually follows the exhibition of substances capable of arresting or suspending microbes and fermentative changes in the alimentary canal we are warranted in concluding that the larger part of the pyrexia is the direct consequence of the perverted digestive processes which permit putrefactive changes and not the result of the specific products of the typhoid bacilli or the pathologic changes in the glands. The intestinal canal is the especial abiding place of numerous microbes endowed with the power of decomposing the undigested food substances into various products more or less capable of producing fever and directly interfering with the normal metabolic changes of the cells of the organism. In typhoid fever, owing to the lowered vitality and disturbed digestive functions, circumstances are much more favorable to their presence and activity. In addition to these there are increased mucous secretions and lowered nervous tension both of which facilitate the multiplication and absorption of toxines. Whenever food is taken, one of two results must follow, namely, digestion and putrefaction. If the former does not the second will follow, unless prevented by artificial interference.

As a result of the latter we have the cells of the organism in typhoid fever are menaced, deprived of the material for force, and prevented from discharging their functions properly, not only from the hyper-pyrexia present, but also because of the contact and influence of diffusible toxines which have been formed in the intestines and taken up and carried through the entire organism, effecting more or less every tissue and part. We have a specific inflammatory process to combat, local fermentative changes to control, both of which lead to a general systemic toxæmiæ.

Any treatment other than a purely empirical one, cannot ignore any of these factors, but must endeavor to reach and control them individually.

The problem is not simply one of lowering the temperature and eliminating the toxic products such as the cold bath would accomplish, but of preventing the production in and absorption of these toxines from the intestines. In the past much emphasis has been put upon the reduction rather than the prevention of hyperpyrexia. It was seen to imperil the tissues and destroy the cells and all efforts were directed against its control as the chief means of with-

standing the disease and saving life. We now occupy a position where we know that this temperature is but the effect of certain causes or conditions, and we also know the cause of these causes. The chain of evidence and the stages in the processes are known and understood, and the occasion has arrived for the control of the primary and incipient causes of all the effects. We are no longer justifiable in pursuing the old expectant, symptomatic plan of treating effects in this disease any more than we would be to do so in diphtheria, cholera, erysipelas, or a purely surgical condition where the seat of the entire series of symptoms are patent. The origin or locality for the production and distribution of the toxines which cause the fever and allied phenomena of tissue waste and imperfect cell function is the intestines, and it is more than folly to continue to employ any agency which does not reach and modify the changes and conditions present there.

With these facts before us the question may be asked, How can we rely upon hydro-therapy as the very best method in typhoid fever?

The chief dangers are seen to lie in direct ratio to the intensity and duration of the temperature and all means capable of lessening and preventing this would thereby succeed *pari passu* in removing the dangers of the disease. Whenever the high temperature is reduced and no other interfering factor remains to disturb the cells, there follows a series of favorable indications, and the patient is better. This holds good in respect to any and all antipyretics since it is not so much the character of the *means* employed but the *condition*, the state of the cell, which follows. This is true of the cold bath or any other means for the ablation or reduction of heat. Physiology shows that the heated cell does not feed, that the normal anabolic processes are suspended and the functions held in abeyance, or paralyzed by the heat. Any and all means capable of removing this agency are equally valuable, in so far as this perturbing factor is especially concerned. The modus and rationale of the cold bath has been variously explained by its different advocates. A number are inclined to attribute its primary good effects to changes acting through the nervous centers. Dr. Baruch, one of the exponents of this hypothesis, says: "The true rationale of cold bathing is to be found in the effect upon the nervous system. The impingement of water at a temperature

considerably below that of the body upon the cutaneous surfaces, as is well known, causes a shock followed by a reaction. These are transmitted to the central nervous system, and thence reflected upon the organs deriving their functional capacity from the latter." A number of exceptions may be taken both to the facts and philosophy of this explanation, though there is no occasion for entering upon all of them here. Sufficeth it to say that no organs derive their functional capacities from the nervous centers, but are merely co-ordinated and stimulated through the latter. Todd and Bowman say: "It is contrary to all analogy and reason to assign to one tissue the power of conferring vital properties (functions) on another. If bone, tendon, muscle or gland have their distinctive properties, they possess them by virtue of some inherent peculiarity in their mode of structure and nutrition and do not derive them from any other texture. And surely it is too much to suppose that a tissue like a muscle or gland, so complex in its chemical composition, and so exquisitely organized for the development of its proper force, should be dependent on the nervons system, or a portion of it, for its powers." This is sufficient to show how improper and unphysiological it would be to assume that an organ or tissue derives its uses from another. On the contrary we know that the individual cell and cell groups are capable of exercising their functions and specific properties independently of the nerves or centers. These opinions are a remnant of the old exploded idea that the nerve actually contributed force to the organs. That this is false is now well known. The role of the nerve is to free the force, to liberate the stored energy of the part. Beyond this it has absolutely nothing else to do. To quote a common expression the nerve is the spark which causes the gunpowder to explode. It causes the potent to become actual, the static to become dynamic, and serves to cause action by the propagation of motion. Analogy is not always identity and the dashing of cold water upon the face and chest of a patient in syncope bears no resemblance whatever to the lethargy and stupor arising from a general and profound toxæmia and high temperature such as exist in typhoid fever. The cold bath is a good thing when the occasion has arisen for its use. The intelligent practitioner, with the resources now at his command, will seldom let the patient reach the condition when its employment

becomes necessary. In typhoid fever, as in other diseases, the question is not one of control, but prevention, not of the attack in toto, but of certain stages which will follow if not *avoided.* If what has been said holds true, the effects of the cold bath will have to be ascribed to other and different reasons than those already mentioned. To the contrary, I take it that the lowered temperature *per se* is the true cause of the more favorable symptoms. It is the means of bringing the cell back to the normal. It enables them to feed and resume their suspended functions which were principally held in abeyance by the heat. In this resumption all the cells of the body, more or less, participate, and the nerves, and glands, and others, share alike its benefits. When the cell thus again reinstitutes the processes of metabolism we have as a necessary consequence improved digestion, absorption, assimilation, secretion, excretion and the rapid elimination of toxic substances. It is during this interval or cessation of heat that the protoplasm of the cells is renewed, they are invigorated and the material is stored for a fresh resistance of the high temperature and toxæmia which is soon to again follow. This storage of force is not limited to the nerves alone, nor do they occupy the leading position in it, but the refreshment pertains to all and the entire organism is aided. Intrinsic and extrinsic disturbing factors have been removed. In this respect I would emphasize the bath as the agency par excellence for the ablation of heat and the reinforcement of the economy. It is absolutely invaluable as such. Still we must not lose sight of the fact that we are antagonizing a symptom or effects and combatting the results of the disease and that the cause has not in the least been reached or controlled, such as might have been accomplished by other means. The temperature has been reduced, the typho-toxine or what not, which produces this, has been but partially eliminated and is still present, continues to accumulate in the tissues and will again manifest its deadly influences in spite of the remedy employed. We have for a time fortified the body, reinforced the cells for a fresh attack from the enemy, but the latter is every whit as valient as before and will return for a fresh assault. A rational therapy forces the recognition of these conditions, and it must pass beyond mere effects and go to causes if we would reach the highest point of excellence. As stated, the seat and sources of these are known to be in the intestinal tract. It is here that the

morbid conditions find their origin. The lymph glands and Peyers patches are inflamed, and there is a general catarrhal condition of the alimentary canal which leads to fermentation and putrefaction and the absorption of toxines. The causes of all of these are microbes, and as such are susceptible to antiseptics, though their products are not influenced thereby. To know this is to know much. As factors of etiology, pathology and morbid anatomy they furnish all the necessary indications for remedial agencies.

To check the multiplication and activity of the microbes reduce the local inflammatory changes produced by them and to anticipate their remote and constitutional effects upon the organism should be the purpose of every treatment. In intestinal antiseptics we possess a certain and safe means of controlling these conditions. The cold bath cannot, and the hydro-carbon compound antipyretics do not reach or influence the real seat and cause of the disturbances, nor is it possible for them to check the bacilli. Of this there can be no sort of question. It should be remembered that no attempts are being made by the employers of intestinal antisepsis to kill the microbes outright in the canal. It is not expected that they will pursue the latter through the innermost recesses of the body to ferret out and annihilate them at one blow, but that they will check fermentation, lessen the formation of auto-toxines, retard the activity of the microbes which cause these changes and aid in this way digestion and bring about normal cell activity. With this much accomplished by their use there can be but little fever, and one of the chief sources of danger becomes eliminated. The use of internal antiseptics is as old as medicine, though the principles governing them has but recently been determined and their real merits appreciated. We have simply learned to appreciate their value and influence in certain disorders for which they have been employed for centuries. In an experience with sixty cases of typhoid fever I have put to test the principles here announced and they have demonstrated their utility and correctness in the highest possible manner.

The substance employed in every case was calomel. As is well known, calomel rapidly and materially retards decomposition due to microbes, and this action is not interfered with when mixed with fæcal matter as is the case with a number of other substances of this class. My plan has been to administer at the beginning of

the attack small doses, sixth of a grain, of saccharated calomel, combined with bi-carbonate of soda, every hour until the bowels have been freely evacuated. This is repeated every day, or every other day, during the first ten days' sickness, as the indications demand, unless diarrhœa supervenes, which is a very rare occurrence, when the remedy is suspended for a time. I may add, however, that it is exceptionally rare to have a diarrhœa at this stage of the disease when the calomel is employed in this way. The looseness of the bowels in the first few days of the attack is always a symptom of fermentative changes which are present as the consequence of lowered digestive processes and the presence of microbes, and it is not possible for the latter to cause the putrefactive changes when this antiseptic is present in the intestines in the quantities mentioned. Diarrhœa is of itself a mere symptom indicative of microbic influences in the contents of the alimentary canal and these are excessively rare under normal digestive conditions or in the presence of antiseptic substances. When calomel is used in the manner given I find that the functions of the stomach are more properly performed, the tongue is clean and moist, there is absence of tympany, the secretions are open with perfect glandular action, a series of circumstances in which it is quite impossible to have diarrhœa.

One of the acutest intellects of this country, Dr. Geo. B. Wood, of Philadelphia, bore testimony to the great value of this remedy in typhoid fever, and said, "It tends to moisten the tongue, to arrest the progress of the disease in the glands of Peyer and to promote the resolution of the inflamed patches."

Dr. Latham, in a series of articles published in the British Medical Journal, during last year, after an exhaustive study of all of the available and recommended remedies for this disease, bears similar testimony and affirms that calomel, "Acts beneficially by attenuating and arresting the development of the typhoid bacilli and other bacteria in the intestines (Bienstock's bacillus, bacterium coli commune, etc.), and so removing the causes of the disease."

Drs. Nunn & Simmons, of Savannah, Ga., in a paper before the Pan-American Congress, drew the following conclusions, among a number of others, from the use of calomel in twenty-five cases of typhoid fever: "First, that it was a safe and sure antipyretic, reducing the fever from two to three degrees in a few hours. Second,

that the reduction of temperature occurs without cathartic action on the bowels. Third, that in some instances the remedy appeared to cut short the disease, and in others, while having no influence on the duration, it modified all symptoms, and by keepimg temperature in check aided materially in the management of the case."

Contrary to what might be expected, there is no danger of salivation from its use in this way, it does not produce hypercatharsia, nor does it induce asthenic conditions, as is generally believed. To the contrary it is a general and true tonic, which promotes activity of the mucous membranes and glandular organs, hastens the elimination of morbid substances in the tissues and circulation and through these influences brings about a high state of cell activity, and the vital resistance of the entire organism is augmented. In addition to those general physiological actions, it possesses antiseptic properties of undoubted value. As a remedy for the routine treatment for typhoid fever, accompanied by perversions of digestion and intestinal fermentation, it has demonstrated its claim for years. That it will lessen and prevent a large portion of the pyrexia which usually accompanies this disease when treated by methods which fail to recognize and modify the seat and cause of the fever, I am quite certain. In my cases, ranging in ages from six to sixty years, the fever rarely reached a maximum of 103°, and when it did, it was in every instance promptly reduced by the exhibition of the remedy. By the use of calomel in this way we avoid stupor and delirium, which are largely attributable to toxæmia, lessen the liability to the presence and inroads of the pus-producing cocci in the latter stages and prevent ulceration and hæmorrhage, and remove one of the most potent sources of death.

For a safe, proven, ancient and satisfactory remedy in this disease, controlling as it does the causes of the morbid effect in the manner described, I can commend the methodical use of calomel. There are doubtless other substances, such as turpentine, the mineral acids, carbolic acid, iodine, salol and the sulpho-carbolate of zinc, which also possess value, answering as they do a number of the indications, with which I have had but a limited experience and cannot endorse with the zeal that I do this one. A trial with it in the manner described is sure to demonstrate everything that is claimed. It fulfils the etiology and pathology of the disease in the best possible manner, removes the decomposing substances from

the canal, neutralizes the activity of the microbes and renders the disease less virulent and protracted. If used in the manner designated, modifying its dosage to suit the individuality of each case I am convinced that it will demonstrate all that is here claimed.

Notes.

Few physicians, who have practiced medicine five years, but have assured some patient relief, in the use of cod liver oil, only to see the patient sink lower and lower, from want of power to digest the remedy. Cod Liver Glycerine removes this difficulty; capable of being diluted with water, requires no digestion, but is a digestive stimulant. If you give Cod Liver Glycerine it will be assimilated. It combines readily in all prescriptions.

The Superintendent and Surgeon in charge of St. Louis City Hospital. Dr. A. Marks, announces that Cod Liver Glycerine is now used in that institution. Its power to mix uniformly in any proportion, in all prescriptions, or to mix with water and spirits without separating on standing, renders it the most desirable reconstructive in the convalescent period of difficult surgical cases, or acute diseases attended with emaciation; while its digestive properties insure its therapeutic action. †

A Diploma Dealer Sentenced.

Dr. Walter May Rew, of New York, whose bogus medical college was exposed last July, was sentenced October 10, to three months' imprisonment in the penitentiary.

Resident: "Healthy? I should say it was. Why, there's only been one death here in ten years."

Visitor: "Who was it died?"

Resident: "Dr. Barker; died of starvation."

A. C. Bernays, M. D., Professor of Surgery, Marion-Sims College, St. Louis, Mo., writes as follows to the Dios Chemical Co.: I have used Sennine in a great many cases and can recommend it conscientiously. Send one-half dozen to the City Hospital at once.

"What you need," said the doctor, "is change."

"Yes," said the patient, I'll "need lots of it to meet your bill."

A Review of Recent Electro-Therapeutics and Electro-Surgery—The New Instrument, Phonoplaint; also, illustrating the 12-cell Constant Current Battery, made by the Galvano-Faradic Co., of New York; the McIntosh Galvano-Faradic Battery, by the B. & O. Co., of Chicago; the Hutchinson Singing Battery, and Goelet Improved Faradic Battery.

BY JOHN J. CALDWELL, SPECIALIST IN DISEASES OF THE NERVOUS SYSTEM, BALTIMORE, MD.

THE 12 CELLS CONSTANT BATTERY, MANUFACTURED BY G. & F. CO., NEW YORK.

GALVANO FARADIC BATTERY.

We have the pleasure to present to the readers of the CHARLOTTE MEDICAL JOURNAL a review of the recent advances in electro-therapeutics and electro-surgery.

We find this wonderful agent, electricity, used in the healing art by the ancients in the form of crude electric baths, now found in the luxurious private bathing establishments of many of the larger cities of the world, especially in the baths lately established in Baltimore; in science and the arts, as in medicine and surgery from the time of Volta, Galvani and that learned student Torrachellii, up to the experiments by those great philosophers, Sir Humphrey Davy, Orsted and Franklin.

In the past half century electricity was much in vogue in the treatment of various diseases, even with the cumbersome and unreliable character of the batteries, instruments, etc., then in use, as well as the then imperfect knowledge of the nervous functions, and more on that account than from any want of remedial benefit, this valuable agent fell for the most part into the hands of charlatans and itinerant quacks. Indeed about that period the main scientific effort of the electrical savans seemed directed to the application of this power as an annihilator of time and distance in the shape of the telegraph and the telephone, to the effective lighting of cities, to the substitution of this monarch for steam, and for lessening the pains of criminal executions. So we find that electro-dynamics and electro-chemics were largely developed to the neglect of electro-medicine and surgery. Electricity remained in this nascent state, so to speak, until Marshall Hall, Claude Bernard, Duchenne and Brown-Sequard stepped forward at the opportune moment to our relief, and gave us such results of their scientific investigations in regard to this important agent (so closely allied to the vital forces), as to enable us to exhibit it with some degree of success and certainty in diseased conditions, so that now many of the most eminent of our profession, at home and abroad, are devoting their talents and attention to its therapeutic indications.

Electricity is capable of producing the most varied results on the human system, according as it is directed by the hand of the skilled or the ignorant operator, and there is as much difference in the remedial effects of its application, as well as the dangers of which it may be susceptible, as are medicines, or even poisons, in the hands of the tyro in medicine. It is a BOON for GOOD if

handled rightly, and one of our best and often our ONLY therapeutic resource in many nervous troubles, in cases of drowning and in the restoration from narcotics, but it is a *hindrance* and a disadvantage when misapplied.

It has of late years become a help in diagnosis, a means of detection in malingering, a stimulant in anæsthetic conditions of the body and in loss of motion as well, in reducing to a state of complete resolution growths, which formerly were dealt with only by the surgeon's knife or allowed to carry the patient to his grave.

Electricity in the form of the *Galvano-Cautery*, may be termed the "bloodless knife," destroying diseased tissues, yet shedding no blood, destroying, almost painlessly, not the growth only, but the cellular condition *around*, on and by which the diseased mass derived its size and strength. It acts like the ligature, too, constricting the supply, and thus starving the blood supply of growing tumors and forcing them to a stay of development for lack of materials on which to live, and as the result of our own experience we may state that the successful application of electricity is in no case more strikingly manifest than in this destruction of morbid growth, by the *Electro-Cautery*, particularly in those of a soft and bleeding nature, such as are met with in the rectum, vagina, and and other passages, and which being very vascular and fragile can not safely be handled by any other surgical procedure. In nearly all cases of hæmorrhoids and in fungus hæmatodes, where the knife is impracticable, it is wonderful how the tissues can be made to sere up and close the bleeding surfaces, yet at the same time to diminish to a great degree, and why should not this agency be found entirely applicable to certain cases of *aneurism* instead of ergotine injections and the ligature, or the internal administration of the Potassium Iodide? It has been to a degree serviceable in the form of *Electro-Puncture* in some cases of aneurisms, and Ciniselli, in the Medical Press and Circular, of London, reported several cases of successful treatment of aneurism by this method.

The same force, modified in the treatment of ulcers, resembles the process of electro-plating and is termed Electrolysis, the mode of application being to apply a moistened porous paper or cloth with a solution of the mineral or styptic salts, applying it *immediately* to the ulcer, then placing the positive pole, in the form of a zinc electrode, to this covering, passing the negative pole gently

around the ulcer, we have thus an electro-chemical action brought about which deposits the mineral or metallic coating over the morbid surfaces, as it were, a sort of electric bath, affording protection and healing excitation to the part. It may be well to add that I have found it best to keep up this current for about twelve minutes each day in the case of indolent ulcers, and success has rewarded me in several cases when all other means had failed. This application has a signal advantage in that it not only promotes healing of the ulcer, but lessens the sensibility at and around the seat of disease. *Electro-epilation* is now the great boon in female disfigurations. In a paper by my friend, Alexander Murray, M. D., S. R. C. S., Edin., etc., also a member of the Electro-Therapeutic Society of New York, who has had a large experience in the process, he says: "I prefer, however, to use the dilute mineral acids, on account of their stringent and chemical properties. I cover the bottom of the ulcer with a little linen, cotton, wool, or granulated sponge; then wet the sponge with whatever agent the nature of the disease may require, and apply the metal disc directly to the saturated material; while I keep one electrode stationary for a few moments *in the ulcer*, I work the second conductor slowly *around* the diseased part; thus I have the nascent chlorine, oxygen, etc., directly eliminated and applied to the parts." He denominates this mode of treatment *Galvano-ozonization*, and adds that he finds no reference to its use in any work on Electro-Therapeutics, which he had consulted; whereas, in an article entitled "Electro-Chemical Action on Cell Tissues," read before the Electro-Therapeutical Society of New York, and published in the New York Medical Journal, we introduced and especially emphasized this plan of treating ulcers and malignant growths, calling the method "Electrolysis." We, at the same reading, presented to the Society a vial of tissue electrolyzed into beef extract (beef-cell tissue), the specimen still retaining its original freshness, probably owing to the free chlorine present in it.

By this method of "Electrolysis" we have dissipated scirrhus in its early stages, and other tumors of various characters. Galvanism has been thus far successful in our hands in treating parasitic affections of the skin, the liquids coagulating and thus disintegrating the parasitic motes. In eczema we have been successful in its use, but have not yet reached that brilliant success claimed some

years ago by the late Geo. M. Beard, M. D., of New York. This great worker in the field of Electro-Therapeutics claimed to have cured the afore-mentioned and several other skin troubles by central galvanization alone, without making any application to the diseased surface, and cited several cases, in private and public practice, to support his statement.

We find that galvanism in the treatment of the various neuralgias, is among our most useful adjuncts. We must always, however, keep in mind the cause of the complaint; *i. e.*, if malarious, use quinine and arsenic; if neuro-æsthenic, cod liver oil and arsenic with the hypophosphites and iron; if specific, iodine in some form with the bichloride of mercury; if mechanical, we invoke the surgeon's aid; but in most of these cases we find one of two conditions, viz: either hyperæmia or anæmia of the spinal cord.

In hyperæmic neuralgia, we favor injections of ergotine and galvanism; in anæmic neuralgia, strychnine and Faradaism. In both instances we have nausea and dull pain in the stomach, as the remote demonstrations, as well as pain in the joints, face and other regions prone to neuralgia. The morbid conditions likely to be benefitted by electro-therapeutic applications may be briefly summed up, viz: in partial or even general paralysis, or wherever there is great atrophy or inert muscular action, dependent on deficient nervous tone or deranged action in the nervous centers; in the subjugation of violent pain in articular rheumatism; in certain atonic or debilitated conditions of the system, due to impaired nutrition; in the removal of malignant tumors where surgical measures are inadmissible; in the ablation of soft morbid growths and in the dermal neuralgias accompanying occipital, scrofular and brachial rheumatism. In applying electricity to tumors we use electrodes with sponge tips, saturated with a strong solution of chloride of sodium, beginning *from* the border of the tumor and *gradually* approaching the more solid portions, and as the result suppuration and absorption set in and destroy the growth without distress to the patient. In this connection we would cite the case of a prominent Catholic clergyman, Dr. G—, of Brooklyn, N. Y., who suffered from malignant tumor, involving the right side of the face, neck, trachia, and other vital organs, to such an extent as to be unamenable to surgical treatment. He had consulted prominent members of the profession without encouragement. The growth was rapid

and pointed to an early dissolution by suffocation. It presented all the characteristics of true scirrhus. In 1871 he called at our office, and we at once explained to him the threatening nature of his complaint, telling him that little encouragement could be given save by the judicious use of electricity. Our mode of treatment here was daily application of the galvanic current, from a sixteen cell battery (constant current). The treatment was continued from June 5th to July 7th, twenty-four applications in all, with great success, the tumor having entirely disappeared, relieving him of all its distressing features.

By the Electrolytic power we have removed successfully three cases of scirrhus during the early stages of development; and as yet there has been *no* return of the disease. In a paper of this character it would be out of place to enumerate *all* the heterogeneous maladies in which electricity, either in one or the other of its three currents, viz: Electro-tonic, Electrolysis, and the Electro-Cautery, has been serviceable.

The Electro-tonic will be found useful in modifying irritability of nerves of special sense, while galvanism (Electrolysis) has been curative in partial paralysis of the vaso-motor nerves, in troubles of the pneumogastric, such as asthma, dyspepsia, etc., in primary arterial spasms, in the early stages of progressive locomotor ataxy, in apoplectic paralysis, in cases of muscular progressive atrophy, and in neuralgic affections of the cerebro-spinal nerves. It was for the relief of dyspnœa that led Sir Wilson Phillips, of England, to try Galvanism in asthma. By transmitting the current from the nape of the neck to the pit of the stomach, he gave *decided* relief in every one of twenty-two cases.

Claude Bernard thought that in the human subject diabetes mellitus was due to an over activity of the nerves which stimulate the function of the liver, and said if it were in the power of Galvanism to act on the sympathetic nerve, this would be the best possible mode of treating that disease symptomatically, the function of that nerve being weakened by the undue activity of its antagonists. We will here give two cases of progressive locomotor ataxy in its final stage as the result of sexual excesses and exposure to cold, successfully treated by the Faradic current, with hypodermic injections of strychnine along the cord, with a duration of treatment of three months, applying

the current every other day for fifteen minutes each seance, and with injections as above twice or three times a week. In the first case the young man had but lately married, and to the ardor of youth must we ascribe his trouble. In the second, a young English gentleman endured great exposure to cold on a gunning frolic in Virginia, the thermometer ranging about zero, being much below his native climate. In both cases the symptoms were much alike, viz: a loss of power of co-ordinating movements; so that they had difficulty in walking, lost their balance frequently, had an uncertain and tottering gait, much like a drunken man, could not walk across the floor with closed eyes without danger of falling forward, suffered from rheumatic pains, sharp pains in *limited* spots, as the thighs, knees and shins; the bottom of the feet feeling as though covered with thick plasters, with occasional prickings. When walking they felt compelled to watch their legs to prevent staggering or falling, and the legs thrown forward spasmodically.

We would call attention to the remarkable success which the learned Althaus, of London, has met with in the treatment of cancerous tumors by Electrolysis. Of sixty-three cases treated by him up to 1868 by this method, fifty-two cases were non-malignant and eleven of the malignant kind. The total result of the former was 62 per cent. cured, 26 improved, and 12 unknown. Besides Althaus, we might refer to the following eminent names of those who have successfully treated these tumors by Electrolysis: Benedikt, Bilroth, Paul Burns, of Germany; Lawson Tate, Fagge and Callender, of England. Lawson Tait treated a case of encephaloid disease of the femur by Electrolysis, complete relief from pain for four or five days following each application, except the first. The intensity of the pain here had been so great as to have required from 20 to 24 grains of morphia hyperdermically each day. Burns gives an analysis of naso-pharangeal polypus, nine in number, treated by Electrolysis, seven of which resulted in complete cure. Neftel claims to have destroyed a number of cancerous growths by Electrolysis, with better results than usual in the way of recurrence, and he believes that the cancer cells are killed by the current, even when they are not in a position to be at once decomposed.

In his report of cases of uterine fibroids treated by Electrolysis, Dr. Gilman Kimball, of Lowell, says that "generally he has found it most convenient to attack them through the abdominal walls."

Dr. S. M. Bradley, at a meeting of the British Medical Association, read a paper in which he attempted to establish the essential unity in origin of all morbid growths, such as scirrhus, epethelium epulis, and common warts, and maintained that, as electricity, by coagulating the albumen of a part, establishes a barrier to the onward march of the cell elements, it should therefore be employed in all cases of infiltrating tumors, when it is desirable to eradicate the growth. The weight of authority thus favors the total obliteration by removal or by resolution of all growths which have any aspect of malignancy in their nature, and the readiest and least objectionable to the patient is the plan which is bloodless and most free from pain.

CASE 1—Mrs. —, aged 39, a resident of Brooklyn, called to consult us in November, 1869, about a tumor occupying two-thirds of the breast as well as the glands in the axilla. She had been told that her trouble was cancer and the only remedy was extirpation by the knife. The tumor was found hard and stony to the touch, and she complained of lancinating pain, proceeding from a ragged ulcer, four inches in length, situated at the base, that had long been discharging a fluid which under the microscope was regarded as diagnostic of malignant disease. We at once began treating the part by a few minutes' application of the electrodes, and afterward directing the ulcer to be dressed with carbolic acid and glycerine. On November 17th pain was almost gone, rest and appetite better; made another application of Galvanism long enough to produce livid congestion of the skin over the tumor. November 20th, much improvement in the ulcerated track with indication of healthy granulations. November 22d to 27th, tumor smaller and softer, bright granulations throughout the ulcer, but *no more pain;* applied electricity on both days. November 29th and December 2d, still improving. Continued treatment. January 2d, the patient called to report great progress, breast nearly well, retracted nipple commencing to bulge. She continued to call at intervals of ten days until the middle of March, when she was discharged cured.

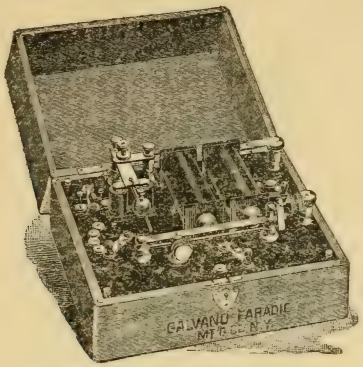
In applying electricity to tumors, we use electrodes with sponge tips saturated with a solution of chloride of sodium. We always commence *from* the border of the tumor and gradually approach the more solid parts—as a result, suppuration sets in and destroys the growth.

The argument that because cancer is a constitutional taint there is no use in treating it locally, now belongs to the "light of other days." Who would decline to treat chancre locally because the patient might have syphilitic taint?

Most nervous troubles result from organic change in the part, be it ever so slight, and we have long found that medical skill derived from drugs alone fails to exercise control over such deviations from health for the most part, and here electricity comes to our assistance more effectively and pleasantly than the perseverance of drugs, of which the patient generally experiences great disgust.

The interrupted current at high speed has lately been found to afford relief in local neuralgias far better than when applied in the old and slower method, and now this rapid speed can be procured and accurately computed as in the gamut of the music scale. The descending current is especially applicable to the assuaging of neuralgic pains, and the rapid action is found to produce the best results in paralyzing the terminal sensory nerve loops by proportionate increased rapidity of the vibrations; in fact, that if too rapid the vibrations become as it were analagous to the continuous current, and Dr. Hutchinson, of New York, has established by his admirable and oft-repeated clinical experiments, that "a combination of electricity with small, rapidly repeated blows, struck upon the surface with swift interruptions, was sufficient to arrest pain in any case where organic change in nerve or other tissue had not commenced, and after a varying number of applications, to *cure* it, thus causing an anæsthesia or *temporary* paralysis of the sensory fibres of the nerve leading to the painful part, in about three minutes the sensation becoming so completely benumbed as to admit of the cutting open a bone felon with no more sensation than if no felon had existed. This rapid action was worked out by Dr. Hutchinson on the idea that every note of a musical scale is produced by a certain number of vibrations per second, which had been accurately computed, so that a note C major had a speed of 540 per second, or 32,400 per minute, and that this speed which was capable of being run up to 50,000 per minute, and thus give the note which corresponds closely to G sharp. If the vibrations were continued at or near C major, marked anæsthetic effects of the current were produced and maintained; but if the number of

vibrations reached the note D, or above, harm was likely to be done instead of good.



HUTCHINSON'S RAPID VIBRATORY OR SINGING BATTERY.

How beautifully this method of alleviating the dreaded neuralgic pains, so common in chloratic females, comes to the physicians' aid, and he may well repeat in rapturous delight our song of

* THE PHONOPLAINT.

"With emphasis and intonation,
And every soft and sweet, or harsh vibration,
Beneath its power the heart out-swells,
From all its tissues, all its cells,
Its healthy or unhealthy motion,
Rising, subsiding like the waves of ocean,
The very muscles their condition tell,
In plain oration,
Moaning and groaning in laborious swell,
Or singing with elation."

The Phonoplaint, when applied to any part of the body, will instantly indicate the condition thereof by certain sounds or movements.

Electricity the Pathfinder to Nervous Troubles.—The brain and spinal marrow, hidden away in air-tight compartments, defied every means in our power of diagnosis, if we except the electrical tests, these being the true indicators of physical and functional derangements of the nervous system, and all confess that an appeal to rational symptoms alone for nervous diagnosis, is, to say the least, a hap-hazard affair. This arises from the wonderful unity of the

* So far we have not deemed it best to present an illustration of my Phonoplaint Instrument.

nervous system, in virtue of which a lesion of one part may be manifested by reflex action in remote organs or tissues.

See my article, "Psychoses," Therapeutic Gazette, January, '83. Detroit, Mich.

THE GOELET FARADIC BATTERY.

Description of a new induction apparatus for medical purposes, By Augustin H. Goelet, M. D. From the Medical Bulletin of May. 1893 : "The advantages of the combination of secondary induction coils known as the "Goelet Faradic Battery" is that the variations of the current to be derived therefrom render it universally useful in applying this agent, in this form, to a greater variety of conditions than was ever possible with the old forms of Faradic apparatus.

—Written Expressly for The Charlotte Medical Journal.]

Fistula in Ano.

By ARCHER ATKINSON, M. D., late Prof. Practice of Medicine Balt. Med. College; Ex-Member Md. Medico-Chirurgical Society; Ex-Member Balt. Medical Society; Member of Balt. Microscopicol Society; and Ex-Member Md. Academy of Sciences.

Written Expressly for The Charlotte Medical Journal.]

1. This paper will treat of a few cases of fistula in ano, all differing from one another, and will give in its opening pages a few general facts in relation to the surgical anatomy of the rectum, which, if more generally regarded, would facilitate the treatment of diseases of this region.

2. enters briefly into the varieties and causes of true fistula

in ano, as well as some false fistulæ which find their seats in the buttocks and perineum close to the anus, yet without any connection with the bowel.

3. A consideration of the relation of fistulous patients (individuals) to life insurance, as well as their close relation to tubercular consumption.

4. Some remarks on the value of the elastic ligature in treating fistulæ in ano, and the best mode of use to render this plan effective, as well as the character of cases to which it is suitable.

The rectum is altogether within the pelvis and is the hindermost and lowest part of the intestinal canal. In the adult male the rectum measures about 7 to 7½ inches in length, just about the same as the male urethra. Though called the "rectum," it is not exactly straight in its descent, but inclines obliquely first to the left, then a little to the right, so as to take a forward curve just in front of the lower part of the sacrum and the coccyx, the seminal vesicles and the prostate gland in the male, and in the female lying just behind the neck of the uterus, and the entire vagina. After reaching a point just behind the prostate gland, it changes to a backward and a downward direction so as to reach the anal opening. In males we find the space between the rectum and the bladder filled in with cellular and fatty tissues, while the same kind of tissues fills in the female the recto-vaginal space.

The rectum is not sacculated like the colon, but is smooth and cylindrical like the œsophagus, and like most tubular organs is flattened upon itself when empty. We do not find the longitudinal muscular bands on its sides as in the colon, but its muscular structure embraces the *entire* circumference of the tube.

At the upper end of the rectum we find a narrowing of the sigmoid part of the colon, so that this sigmoid portion is capable of holding much more matter than the rectum proper, and here it is that we find constipation with impacted fœces so often, and so difficult to overcome in what is called chronic constipation; but the rectum, from being narrow at its upper end, dilates into a regular pouch just a little above the anus. The appearance of the closed anus would never give an inexperienced person an idea of the dilating capacity of the rectum, and it is wonderful to what extent the orifice can be enlarged without risk of tearing or of after trouble and it can be made to admit the entire hand by proper manipula-

tion kept up gradually, and even beer bottles have been found in the rectum, and in most cases of rectal operations we can do but little until the bowel is fully dilated under chloroform or æther. It is idle to suppose that injections of cocaine benumb the parts enough to admit of *complete painless* dilatation. Like injections of morphia hypodermically they lessen the pain *after* we have done with the case, i. e. after any painful operation. In the male the upper part of the rectum lies *just behind* and in *contact* with the back of the bladder, but in females the uterus lies between the back part of the bladder and the front part of the rectum, and in the male there may be now and then a few folds of the smaller bowel lying between the bladder and the front part of the rectum. This is less apt to happen in the female because the uterus comes in here to fill up the space. The upper part of the rectum is held to the sacrum by a fold of peritoneum, which we call the meso-rectum. Soon this fold leaves the rectum to climb up the back of the bladder in the male, and the vagina and uterus in the female, and as it passes over from the front of the bowel to the back of the bladder it forms a *cul de sac* extending between the rectum and the bladder to very near the prostate gland to be bounded laterally by two concentric folds of peritoneum. The rectum is bound down by cellular and fatty tissues to the front of the sacrum and they hold it fast and at the sides to the coccygeal and levator ani muscles. These muscles are all voluntary, as well as those of the rectum, else there would be neither control of the gas in the bowel for decency's sake, nor the power of expulsive efforts at *will* in the act of defecation. At the lower third the rectum is supplied by *and supported* by muscles which embrace the bowel as well as the rim of the anus. These muscles help to keep the bowel from prolapsing and to keep anal orifice closed. These are the internal sphincter muscle of the anus, the levator muscles on both sides, including the coccygeal muscles, and the external sphincter ani. They take their course from *within* outwards. The internal sphincter is a muscular belt which surrounds the lower part of the rectum, just about one inch above the anal orifice and can be reached by the individual's finger. It extends over half an inch of the bowel, rendering it firmer and stronger. This muscle is two lines in thickness, and consists of the circular fibres of the rectum which extend further down than the longitudinal fibres. At the internal spincter the

mucous membrane is thickened and raised into a ring. The external sphincter is an oval flat band of muscular tissue placed on the calibre of the rectum proper and lying just beneath the skin around the rim of the anus.

A fistula is a track or canal running from point to point. It may be straight, tortuous, contracted or widening anywhere in its course; it may be open at one end only or may have two openings. A fistulous track may form in any kind of tissue, in muscle, under the skin, in a region full of glands, no matter whether in the cheek from an abscess in the parotic or submaxillary gland, in the urethra, in the bowel, or in the vagina, but the track must lead from one open end at some time of its history. A fistula is made by the burrowing of matter in its attempt to escape from some confined abscess, and of course this matter will take a dependent direction when the nature of the tissues allows. But a fistula in ano, the subject of our study, must have *some* connection with the bowel. It may be entirely *outside* of the bowel, but to constitute a fistula in ano it must be *in* the bowel. We have fistulous tracks around the rectum which do not open into it and yet they are not fistulæ in ano. The writer recalls a case some eight years ago, where all around the anus the perineum was channeled with six fistulous canals and not one of them opened into the bowel. A fistula may run straight up the bowel, may run around it and may run from the bowel deep underneath the perineum to have its external outlet at the far end of the scrotum.

Of 4,008 cases of rectal diseases treated in outdoor patients at St. Mark's Hospital (special hospital for diseases of the bowel) in London, Mr. Allingham found that 1,208 cases consisted of fistulæ in ano in some of its varieties, or about one-fourth of the persons who applied for treatment at that special hospital had fistula in ano.

Vidal, surgeon with Mons. Ricord, at the Hospital du Midi in Paris, in writing of fistula in ano, says: "I will above all treat in this article of the fistulas produced or kept up by vital lesions of parts altogether connected with lower portion of the rectum—not considering such fistulas as result from diseases or changes in the bones or of the organs contained in the pelvic cavity, since such fistulous channels are but the secondary phenomena of severe lesions of those organs. As true fistulous tracks we find urethral fistulas; vesico-vaginal fistulas from the bladder into the vagina;

vesico-uterine fistula from the bladder into the uterus; recto-vaginal from the rectum into the vagina; salivary fistula from any of the salivary glands; synorial fistula opening into joints; then last comes our *fistula in ano.* It is with this that we have now to deal."

Vidal p. 603 (French text) calls fistula in ano the typical fistula in studying the history of fistulæ, and he makes two varieties. 1st, the incomplete; and 2d, the complete. He places the incomplete at the head of his list because they have but *one* opening or outlet and in time become the second, or the *complete* or *perfect* fistulæ. The fact of existence of an incomplete fistula was long disputed, but that such tracks do exist we have abundant cause to know, and the chief reason why such are not oftener met with is that that they all in time *complete themselves*, as a rule, by process of sloughing, this process ceasing for a time and on slight provocation, as clogging up with purulent or fœcal matter, or from internal or extraneous irritation, as of a seed within, or too rough use of paper after stooling, or riding horseback as in fox hunts, or on long journeys, when a fresh abscess kindles up and finishes up up the track.

2d. *Complete Fistula.*—This variety has always an internal and an external opening, and consists of a track or tunnel leading from one opening to the other. These tracks do not always conform to the straight line, or *even* occur on the same side of the anus—in exceptional cases forming a horseshoe course and going in other queer directions difficult to follow with a probe.

In complete fistula in ano the internal orifice appears as a tit or tubercle to the finger in the bowel, and the surgeon can feel pretty sure there is but *one internal* opening where there is but one external one, but there may be *more* than one avenue *from* this internal orifice and then there will be more than one externally. The track commonly opens out at one side of the anus, the side the inner orifice is located on. In some few cases the opening is in the front, just to either side of the raphe of the perineum, and then it opens towards the back of the bowel, and indeed the same fistula may open at several points and yet have but one internal opening. In one case, which will be cited below, the entire perineum was tunnelled with fistulous tracks and not one opened into the bowel; at least a dozen such sinuses were slit up and the indurated skin removed which formed the side walls of the burrowing

channels. If the fistulous track is tortuous, then we have trouble in tracing it out, and there is more apt to be repeated collections of pus and fœcal matter than in a straight and longer track. The track may begin towards the back and run tortuously towards the front of the bowel, in such a zigzag course as to defy searching for it with a straight probe, then a fine gum bougie will often be of use, or better still a small bent probe, silver or aluminium, with a very small button on it so as to force open the track gently and thus pass any flexure or angle which would catch and stop a straight probe. In old fistulæ we now and then find pouches which are the walls of abscesses formed at different times and which by emptyings continued the length of the fistules.

Up to the time when Ribes proved the contrary, it was thought that the internal orifice was as apt to be several inches above the outer (anal) ring as lower down; but this writer insisted (1841) that always or *nearly always* the internal opening was *quite* low down, that is to say, from five to seven millimetres above the external sphincter muscles, i. e., ¼ to ⅓ inch.

Prof. Velpeau, of La Charite Hospital, Paris, examined many cases of fistulæ in ano with the view of establishing the average position of their internal openings and found that out of 35 cases four were as high up as 1¾ to 2¾ inches to even 3 inches above the external sphincter; that one opened 4⅛ inches above it, while the others opened either just at the opening of the bowel or some few lines higher up; three of them (3) even being just beneath the mucous coat of the anal orifice; thus the deduction was that—1st. Some fistulæ open on the skin itself at the margin of the anus, even without entering the cavity of the bowel; and 2d, that the *greater* number of them have their internal opening within the bowel and just between the two sphincters, and "now and then cases are met with where the opening is much higher up."

Opposite the anus the external sphincter is about one inch wide, narrowing in front and in rear as it reaches its ends, to be attached, the front into the perineum and the hinder end into the coccyx behind, being from end to end about 4 inches, and embracing the orifice of the anus in its ellipse. In the female the front end of the external sphincter unites with the constrictor muscle of the vulvæ and with the transverse muscles of the perineum. The skin from without and the mucous membrane from within unite at the

rim of the anus and become one, and *here* we find the so called *external piles*, consisting of thickened skin, mucous membrane and varicosed veins. This union of skin and mucous membrane partakes of the nature of both, resulting in a tender cuticle and a dense mucous membrane puckered up just at the orifice. The skin around the anus is supplied with sensitive papillæ, which become hypertrophied in itching piles. The rectum has an abundant supply of arteries and veins, the arteries coming from three sources, i. e., 1st, the superior hæmorrhoidal branches, coming from the inferior mesenteric; 2d, the middle hæmorrhoidal branches from the internal iliac artery; and 3d, the inferior or external hæmorrhoidal coming from the pubic artery, while the veins go to form a net work called the hœmorrhoidal plexus, and these veins end, some in the internal iliac vein and some in the inferior mesenteric vein. Such as accompany the middle hæmorrhoidal artery go into the internal iliac vein. Thus we have the blood from the rectum emptying itself partly into the vena-cava and partly into the portal system of veins.

In establishing the fact that we have a fistula in ano in any of its varieties, we should look to the former history of the individual. See if there has been a bruise, a high grade of inflammation, a phlegmon, a wound about the rectum or perineum, or if constipation has been the rule, and if there is tubercular or syphilitic taint causing or connected with it. Look to the kind of ulceration we may find around the anus, and if there is much ulceration at any point. Next look to what flows from the point of ulceration (the orifice) with or without pressure. Then examine the track itself by means of probes, by the finger up the bowel to feel for any tit and to see if pus or fœcal matter can be pressed from within through the track. If needed we may inject some colored fluid (blue) through the outer orifice to see if it flows out of the bowel. If the fistula is recent, we may find that some months before an abscess formed an external opening, and that there were either piles which sloughed or a gathering following an injury of some kind, or great straining after a severe attack of dysentery. The tissue along the entire fistula will be more or less hard, tender, with a muco-purulent matter flowing from the external opening, especially when pressed on in the line of the track, more or less mixed with fœcal matter and with fœcal stains on the linen, as

well as a discharge of fœtid gas through the openings. This discharge of gas and of fœcal matter both aids our diagnosis. The patient generally knows if the fistula is a complete one and has already learned many points for himself from having consulted many medical men before.

To the experienced finger there need be but little difficulty in ascertaining the position of the internal opening, even before the probe settles the doubt. It has the feel of a soft tubucle, or slightly prominent surface, very small, but different from the smooth mucous surface passed over before reaching that point. Pressure on this tubercle by the finger in the bowel increases the flow through the external opening and the probe carried through the outer opening will readily, if it is a straight fistula, touch the point of the finger in the bowel, and once the end of the probe has passed into the bowel our diagnosis is that there exists a *complete* fistula in Ano, but we may know by the educated finger at first examination the very seat of the internal opening and we see the external right before us, yet it is not always the easiest thing to pass the probe through the fistulous track, for, be as gentle as we may, we will often find our probe to catch or stop en route. Now we follow as far as we can the direction of the induration, sometimes like a whip cord, and the line of hard tissue as felt through that side of the bowel by the finger inside and by gently elevating or depressing the end of the probe and even by twirling it between the forefinger and thumb we will find the button end to enter the bowel. Now and then the finger in the bowel may retard our search, while the small probe, bent as we think the track should run, will sometimes readily slip into the bowel. Often at the first examination we get but little information, causing the patient to hesitate, for he thinks anything which gives him so much annoyance should be detected at once. Perhaps the second or third effort will establish beyond doubt the existence of a complete fistula, its inner orifice and the course of the track. Then we must know if we have one or more fistulas to deal with, and whether one or more tracks lead into each other. This last occurred to the writer in a man who walked 30 miles over the mountains in West Virginia to consult him at Webster Springs in August, '92. He could not ride and walked over, expecting to be operated upon at once. He had one fistulous track leading somewhere up towards the spine and which certainly was

not straight *into* the bowel. To enable him to return on foot to his home we put an elastic ligature through the shorter of the tracks, 1½ inch long and started him off on foot. In eight days the writer met him at his home and the ligature had cut its way out and a fistulous opening presented which readily allowed the passage of three probes. He was operated by the knife and in ten days was on his feet, and one month after he wrote that he was entirely well. Now, nearly two years after he writes that he is well of the trouble *entirely*. This party had been operated for fistula in ano at the Baltimore City Hospital a year before without benefit.

Some remarks may here come in as to the value of the elastic ligature in treating fistula in ano. Many persons dread the knife so that they decline treatment, going from bad to worse, and if they have any tuberculous tendencies they are told by their physician that they should not be cut and that the drain from the fistula is an advantage in keeping off encroachment of the lungs. In such cases we find the ligature of great service. It accomplishes in a slow way the end we have in view, i. e., the laying open the fistulous track, and the parts generally heal as the elastic cuts its way through, and when we resort to the ligature in consumptives we beforehand endeavor to build up our patient with nourishing food, with cod liver oil and nux vomica ; with the bitter wine of iron and creosote, with cod liver and creosote, the excellent Norwegian cod liver oil prepared by Messrs. Baker & Co., of Philadelphia, presenting the advantages of purity and of being retained without the disgust usually accompanying the use of most of the cod liver oils now on the market. This oil can be combined with pure beechwood creosote in phthisical patients, given in wine, Huxam's tincture of bark or in good whiskey with the best result in averting the marasmus, and with good effect in breaking up the cough and night sweats so common in such patients.

Says an author on "Medical Examinations in Life Insurance," in dwelling on the relation of fistulæ in ano to life insurance, "No applicant with fistula in ano should be accepted until the fistula is healed. Even the examiner *must* be convinced that the local lesion has not been associated with or dependent upon the strumous diathesis or constitutional disease." He adds in another place: "It is extremely difficult to heal this disease, especially in con-

sumptives. Consumptive applicants should of *course be rejected.* If, in other cases, the disorder is large, burrowing and exhausting, or has shown obstinacy under current treatment, it *disqualifies* the applicant. Reasonable care should be used in determining whether the case is of consumptive origin, or not; originating from consumption, the best surgical methods will fail to cure. The examiner should here recognize the necessity of being very clear and positive in his conclusions before recommending a risk."

Beyond doubt tubercular diathesis favors the formation of fistulous tracks in glandular portions of the body and it is not uncommon to meet with such from the sloughing of the cheesy matter, and such are always difficult to close up, no matter what may be their seat.

In operating with the elastic ligature we are saved the necessity of dilating the bowel. We apply the ligature properly and time does the rest, but this will answer only in plain cases. The following are a few cases illustrating the substance of our text.

Case 1. A maiden lady from another State came to the city to be operated upon for bowel trouble, the result of a bruise from the saddle, her horse, in jumping a ditch, throwing her against the rim of the saddle, some years before. In a few weeks, after great suffering, an abscess formed and emptied. Examination revealed a hard ridge on right buttock, 3 inches long and as large as the index finger, with a very small orifice toward the anus, but not reaching it by 2 inches. The probe entered with difficulty at first, but could then be worked about freely in the cavity, under chloroform. The track was fully slit up, the hard, cheesy substance scraped out and the callous walls cut out. She left the city in 3 weeks and was soon well.

Case 2. A German, ae. 35 years, had multiple sinus running all through perineum, as many as a dozen opening into each other. He had lost two years from work. These sinuses were all split up, removing all the hardened tissue, leaving the perineum raw. He was well in two months and soon at work.

Case 3. A dentist from W. Va., in large practice. He had not been able to ride to his appointments for two years. He came to Baltimore to be operated. We found one fistula in the front of the bowel reaching 1½ inches up, which opened out into the front of perineum over an inch, which was cut through with the assist-

ance of Dr. B. F. Leonard, of this city, and THEN there was found an *anterior sinus*, into which the real fistula in ano opened. This sinus extended from the pocket of the true fistula clear to the end of the scrotum, having burrowed deep down under the dartos muscle and skin, making two external openings really. This was cut up, making an incision for both over *five* inches. In fifteen days this gentleman returned home, and last summer drove over two hundred miles to his appointments in several counties. Here were several pockets which were cut through and the redundant tissue removed.

Case 4. A gentleman living in Nicholas county, West Va., already mentioned as operated on by first applying the elastic ligature, and the next week by the bistourie, and having walked 30 miles to see me and returned to his home on foot with the ligature *in situ.* This patient had suffered greatly from abscesses. In this case the afore-mentioned dentist gave chloroform and otherwise aided me greatly in performing the operation. The gentleman writes me just now that he is entirely well.

Case 5. Mr. D., a medical student in Braxton, W. Va., had fistula one inch up the bowel. He drove a flock of sheep into the county town by noon and the writer operated on him by cutting at at 3 p. m. same day, the wound healing entirely, and he writes he would not have missed the cure for $2,000, now it is over with. Here at his request repeated injections of 4% Cocaine were made around the points, but when dilatation was begun he took Chloroform, the Cocaine being insufficient, as he had been told.

Case 6. A police officer in Baltimore, had Fistula in Ano and a large pile well up the posterior border of bowel. He said he had been operated on ten years before by a prominent Surgeon of the city, for Fistula; no cicatrix could be found, and it is likely the bowel only was stretched. He had a very narrow space between the tubers—so that little room could be had to work in. His fistula was cut and the hæmorrhoid rubbed over with nitric acid and an anodyne suppository left well up the bowel, besides giving him a ¼ gr. Morphia Hypodermic with Atrophia gr. $\frac{1}{100}$. He had large tabs, the remains of external piles. These we removed and he did well for six weeks when a track was found over an inch long, filled with matter and beginning at the base of one of

the cut off tabs. Pressure and an ointment of Aristol shoved into the track served to close it up and he is now well and on duty.

Case 7. This was a poor Consumptive, with a discharge of pus and blood from an opening 1 inch to left side of rectum. He had not seen fœcal matter for a long time to escape through it. The annoyance from diarrhœa and spasm of the bowel led him to seek relief, which was afforded by the Elastic ligature. The inner opening, if it existed *then*, could not be detected. The probe entered the bowel with the slightest force, showing the attenuated state of the rectal wall. The ligature cut its way out in eight days. The plan adopted each day of tightening the ligature in this case was tedious, for never having seen the elastic ligature, then the writer had to adopt his own device, i. e., to tie a fresh knot each day in front of the one last tied. More recent experience has given greater facility of application, but no better result so far as cutting through the embraced tissue. This case in an advanced consumptive taught us the value of arresting discharge and irritation as the means of alleviating the distress both of Fistula in Ano and Consumption, and there is no doubt but it is the proper plan in such patients carrying a Fistula. The wound from the knife will rarely heal, while that from the Elastic ligature cuts its way, the part gradually healing up as it cuts, there being only the stinging sensation for the first few days, and for this and for the itching which so often follows the healing up of Fistula in Ano an efficient plan of relief is to put up night and morning one of the Bartlett's Pile Suppositories, which have been so long known from Maine to Colorado, as affording relief in all varieties of piles and itchings of the lower bowel.

Superfœtation.

BY E. C. BOYTE, SANDIFER, N. C.

Reported Expressly for The Charlotte Medical Journal.]

On the 16th of September, 1893, I was called to attend Mrs. R. E. R., in her second confinement. I reached her home about 1 o'clock a. m., and was informed that the "bag of waters" had ruptured about 5 o'clock the previous evening. Upon examining her I found the statement true, and the child presenting vertex, resting upon a rigid os, dilated to about the size of a silver dollar. The

vaginal canal was somewhat dry and everything indicated prolonged labor. I ordered a vaginal douche and gave her a large dose of quinia. After waiting some time I found the cervix more dilatable and the pains more expulsive. At 7 a. m. I delivered her of a child (girl) at full term. The *vis a tergo* seemed to be insufficient to expel the placenta, so by Crede's method I succeeded in expelling it, and at the same time a fœtus of three or three and one-half months, contained in a separate sac, which at the placental margin seemed to be attached to that of the fully developed one by a substance resembling the gelatine of Wharton. The placenta and fœtus were in a healthy condition, and the circulation was independent, there being no anastomosis between the vessels.

Whether superfœtation can occur or not is a disputed theory. Lusk, on page 233, says: "That impregnation can take place at two periods distant from one another must be regarded as an inadmissible hypothesis, until physiologists shall succeed in demonstrating in a single instance, by the presence of corpora lutea of different ages, that ovulation ever occurs during pregnancy," but Beach's Improved System of Midwifery admits that superfœtation is possible. M. Velpeau, in his "Elements of Midwifery," relates the case of a Madame Bigand, who, on the 30th of April, gave birth to a living male child, and on the 17th of September following, another infant, which was also living and lively. He also relates another case of a woman who gave birth to a child at full term, and five months afterward to another, which was also thought to be at full term.

To substantiate this theory I will relate a case among the lower order of the animal kingdom. I know of a mare which was turned to a stallion in the spring, and the owner thinking that she was not impregnated, turned her to a jackass in the fall, and at the expiration of eleven months from her first standing she gave birth to a full developed horse colt and also a mule colt about half size.

If this "inadmissible hypothesis" can occur in the lower order of the animal kingdom, where we have the laws of nature fulfilled to the utmost, is it not more probable that we should have this strange physiological change taking place in the human race, where we deviate so much from nature in every other respect?

Relief of Widows and Orphans of Medical Men.

The annual statement of the New York society for the relief of widows and orphans of medical men has just been issued, and from it we learn that there are now a hundred and forty-three members. During the year the society has extended aid to eleven widows and three children of deceased members. The admirable financial management has made a net increase of almost seven thousand dollars in the capital of the society, the total assets being a few hundred dollars short of a hundred and ninety thousand dollars. What a tribute these figures are to the good judgment and energy of the founders of an organization that is about to enter upon its fifty-second year! It is a matter of surprise that a society that offers so much to its members does not include in its membership the name of every reputable physician in New York. From a financial standpoint no better investment could be made than by joining it, and from a philanthropic standpoint the members of the medical profession should do all that lies in their power to relieve the destitute widows and orphans of deceased members of their guild.—*N. Y. Medical Journal.*

Virginia Pharmacal Company, Richmond, Va.

This Company is fortunate in having such officers. The Chemist and Superintendent is Andrew T. Snellings, Ph. G., Professor of Materia Medica and Botany in the College of Physicians and Surgeons, Richmond, Va. Captain Samuel Regester, the General Manager, has a good name in wholesale drug circles. Mr. Jno. T. Watson, Jr., recently of Danville, Va., was an admirable acquisition, not only as Treasurer, but as one familiar, by years of experience, with all the details of pharmacy. The President of the Company, Col. John B. Purcell, is of the well-known and most excellent house of Purcell, Ladd & Co. Mr. R. W. Powers, the Vice-President, is senior member of the firm of Powers-Taylor Drug Co. And the Secretary is Mr. G. G. Minor, of the Owens & Minor Drug Co. The Company recently increased its paid-in capital, and largely added to its manufacturing facilities; so that it puts upon the market a full line of pharmaceutical products—always accurately made from the best lots of well-selected drugs.—*Virginia Med. Monthly.*

SYR. HYPOPHOS. CO., FELLOWS

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The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and produces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE--CAUTION.

The success of Fellow's Sprup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of these, **finds that no two of them are identical,** and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, **in the property of retaining the strychnine in solution,** and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. **Fellows.**"

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) can then be examined, and the genuineness—or otherwise—of the tents thereby proved.

Medical Letters may be addressed to

Mr. FELLOWS, 48 Vesey Street, New York.

Charlotte Medical Journal.

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Articles intended for the Original Department of the Charlotte Medical Journal will be accepted only with the understanding that they are contributed to it exclusively.

ANTISEPTIC VAGINAL INJECTIONS UNNECESSARY IN OBSTETRICAL PRACTICE.

I am well aware that it requires a great deal of courage to oppose the practice of using antiseptic vaginal injections in the everyday practice of midwifery. The frequent flushing of the vagina with antiseptic solutions, when only normal processes are going on, during or immediately after parturition, seems to me to be the height of folly, and indeed in many instances capable of doing much harm. I have nothing whatever to say against antiseptic precautions in the various surgical procedures of the present day—it is only against the unnecessary and oftentimes dangerous interference with normal physiological processes that I desire to enter a protest.

It has appeared to me, when reading the various contributions of those who write so learnedly on the necessity of extreme antiseptic measures in parturition that they should ask themselves the important questions, Is the mortality of lying-in women any less by such means? or is the death rate any less now than it was fifty years ago? If they do ask themselves these questions, they assuredly cannot reply in the affimative. On the other hand, lacerations and fistulæ are much more common now than they were a half century ago. This can be explained in part by the more frequent and unskilled use of the forceps. If the mortality, with all of these preliminary precautions, has not been lessened, they are of course useless. With an experience of not less than five hundred cases of labor, I have never seen but one case which developed to any important degree any manifestations of septic poisoning, and further than ordinary cleanliness I have never given any attention whatever to antiseptics. I have, however, several

times observed, on the second or third day after labor, very offensive discharges from the womb, and very frequently, on further investigation, found that the external genitals had never been cleansed. In these cases not a single one ever showed a sign of septic absorption. The exceptional case above referred to developed puerperal fever, and throughout her entire sickness never had any offensive lochia. Every physician should be governed in his treatment of cases by the results. If in the management of a large number, the results have been perfectly satisfactory without antiseptic injections, how can he expect that a meddlesome change will be of service?

I have before me an article written by a distinguished gynæcologist of this country, on antiseptic injections during and after labor. He says: "In private practice, in the homes of comfort, with the attendance of the best practitioners, and the care of good nurses, many a young mother yields her life to the dangers which still accompany home confinement. We are told that the records of a prominent insurance company reveal a mortality of 17 per cent. in private practice, and that among the better classes." No intelligent practitioner will, I feel sure, place any importance on such extravagant assertions. I believe that statistics will justify me in saying that the mortality in obstetric practice in North Carolina, and without antiseptics, is not 1 per cent.

In another article, a very reputable practitioner, who is an enthusiastic advocate of antiseptics in midwifery, and who is inclined to question the intelligence and even the veracity of those who do not believe as he does, has this to say: "I believe that by far the greatest number of general practitioners yet conduct their deliveries in the same way that they learned at college many years ago and which they have become accustomed to follow ever since they began to practice. Either their memory fails them or they have a convenient definition of puerperal fever, in consequence of which puerperæ die of peritonitis, metritis, pneumonia, pleurisy, heart disease, or some kidney trouble, etc.; but never of a disease the mere mention of which, septicæmia, would teach the propriety of adopting the antiseptic treatment."

I have this to say to those who believe that the genital organs of every pregnant woman are surrounded by germs which are ready to put in their deadly work as soon as these organs begin

their normal physiological duties, that if complete asepsis during and after labor is observed, that you, as far as antisepsis is concerned, will be as successful in your practice as your neighbor and competitor who is, it may be, an enthusiastic admirer of antisepsis in midwifery. E. C. R.

THE IDEAL SURGEON.

In the march of time and the progress of science, it has come to pass that the human body has been pretty well explored. The indefatigable anatomist has discovered one organ after another, and the hypothetical physiologist has assigned to them their various functions. The modern anatomist must be content to enumerate and describe the findings of his enterprising ancestors, and certainly the physiologist will be happy to give them their proper functions until the human species shall have become extinct. Recently, however, the new surgeon has risen into prominence and joins in these professional enterprises. The assiduous anatomist, in his daily hunt, must discover some new organs, and the physiologist must have his functions ready for them or their fame will be eclipsed by the daring exploits of this new member. There seems to be some little difference between the modern surgeon and the physiologist. The latter is content with supplying his new organs with agreeable and harmless functions, with no destructive influences ; whereas the surgeon is only happy when he has removed an organ, leaving the distressed functions to wander at large. But still this is but a stimulous to further investigation, and we hope that the surgeon and physiologist may yet live together for a number of years. But what about the pedantic anatomist. Has he not feelings ? Is he not becoming alarmed at the triumphs of this surgeon ? How can he hope to give a full and clear demonstration of visceral topography when a member of the internal organs has been removed ?

Yes, this new surgeon is a bold, fearless man, thoroughly conscious of his own ability. Every tissue or organ in the human body are in constant dread of his depredations, and his only regret is that removable material is so scarce in the human body. From a superficial contemplation, nature has turned out of her machine shop an apparently satisfactory creature called man. He is fairly respectable any way, but this new surgeon hopes to improve on

the present creature, and when he has finished cutting, trimming, taking out all the useless organs and shaping up the others, it is to be hoped that he will supply the world with a more systematic and better race of people than ever before. The great question now to be solved is with how few organs can the vital functions be carried on? If long enough for the individual case to be reported and another triumph in surgery chronicled, all well and good. After the operation is successfully performed and carefully chronicled, he may then join the shadowy army recruited from the ranks of victims of successful operations.

Taking all these things into consideration, we may very pertly ask the question, what has this surgical revival taught us? It has been demonstrated that one kidney will eliminate a sufficient amount of urine, with some little inconvenience. Sometimes the bladder is quite a convenient receptory, but it is more of a luxury than a necessity, a rubber bag will answer the same purpose, therefore remove all your bladders and use rubber bags and then you will not be troubled with catarrh and stone. There never has been any particular use for the spleen, so take it out at once, and the stomach too, for of all things this is the home of the most trouble and we don't need it any way, because there is the rectum, which is not only a channel for the elimination of rubbish matter, but its mucous membranæ is such that it is specially recommended for feeding purposes, thus doing away with the stomach entirely, thus avoiding the belly ache, etc. The intestine has always been too long, exsect three or four feet and avoid colic. Certainly the vermiform appendix has no earthly use, remove it at infancy. The liver has always been too large, cut it early and often to avoid jaundice. There are entirely too many nerves in the body, remove some of them and stretch the others to suit the occasion and we will have less neuralgias. At times the womb and its appendages serves a very useful purpose, especially if offspring is desired, but certainly we can do without these. By their removal, the moral tone of life below the diaphragm will be more refined and elevated.

Such is the field of modern surgery. Let the good work go on and may we soon attain that degree of perfection which is in store for us.

J. C. M.

"The Doctor's Reward," which occurred in our last issue, we failed to credit to The Times and Register.

MEDICAL FINANCES.

The Times and Register contains a very interesting article on the subject of Medical Finances, and in reading it we will notice a few well put questions. Among many other things, it asks the questions—Why are medical men so poor as a class? Why do they accumulate so many bad debts? Why is their business so largely a credit business? Why do they pay their bills so slowly themselves?

These are all questions that naturally present themselves in connection with medical finances and that can be answered in general with a very few words, viz: Because doctors are poor business men, and the profession is over crowded, necessitating an immense strife for work. This is the gist of the matter boiled down to a few words.

There seems to be a prevailing idea that the physician's bill is the last one to be paid, forgetting the fact that he too has a few bills to pay. We agree with the writer below, that our bills should be settled monthly. A fresh bill is paid with more satisfaction than one of six months standing.

"Bills should be presented regularly whether the patient is under treatment or not. Do not you get your bills regularly whether you are still trading at a store or not? Of course you do. Then why not present yours on the same principle? I would not advise you to go into a bed-room where your patient lies dying, when this melancholy event is transpiring on the first of the month, and tell him to pay your bill before he dies. But there can be no objection to presenting a bill from month to month while the patient is under treatment, especially if he is suffering from a chronic disease. A physician's own inherent sense of delicacy and refinement will dictate to him what to do in acute sickness, but he should not allow a false sense of sentimentality to stand in the way of looking out for his own reasonable security.

"A doctor will trust people longer and more foolishly than any man on earth. He will go on trusting peeple for years, until they leave him on account of hating him because they have owed him so much and so long. Then they will go to another physician and pay him, with little or no hesitancy. The trouble is with you, my brother. If you find a man who does not show a disposition

to treat you squarely, drop him. By so doing you will perhaps induce him to pay you, or your neighbor physician, and you will certainly inspire in his mind a profound respect for yourself, and the medical profession in general.

"If physicians as a class, would adopt this method, as the merchants have done, it would be much to their advantage and convenience."

THE ASSOCIATED CHARITY ASSOCIATION.

This is the name of the Association recently organized in this city for the protection of the *worthy poor*. By this organization a systematic plan was arranged as to how to care for these people. This is a very commendable act in our people, and we hope it will be the beginning, the starting point in the establishment of a large hospital in our city. Charlotte has no hospital and one is badly needed. The Episcopalians have two hospitals, one for the white and one for the colored people, and but through their generosity and philanthropic spirit, a stranger, with a broken leg on our streets, would have no where to be carried. May this be the first step in the erection of a first-class hospital.

BOOKS REVIEWED.

A Text-Book of Physiological Chemistry. By Olof Hammarsten, Professor of Medical and Physiological Chemistry in the University of Upsala. Authorized translation from the second Swedish edition, and from the author's enlarged and revised German edition. By John A. Mandel, Assistant to the Chair of Chemistry, etc., in the Bellevue Hospital Medical College, and in the College of the City of New York. First edition; first thousand. Octavo; cloth, pp. x.—511, $4.00. New York: John Wiley & Sons, 53 East Tenth Street. 1893.

We are not over crowded with books of this character, in fact too few have been written on this subject, and students and the medical profession owe deep gratitude to the translator and enterprising publisher for this excellent work. It has been published in three languages, German, Swedish and the English language, thus showing that the work is truly scientific and valuable.

The subject of physiological chemistry is being and should be more and more advanced in this country, and we hope it will soon be obligatory in our medical schools.

The work is divided into fifteen chapters. Chapter I Introduction, II. The Protein Substances; III. The Animal Cell; IV. The Blood; V. Chyle, Lymph, Transudations and Exudations; VI. The Liver;

is clearly set
it contains the best methods for the preparation, detection, and quantitative estimations of most of the substances found in the organism and in the excretions and secretions. The work contains something over five hundred pages, neatly printed, well bound and presents a very handsome and finished volume, and we hope the profession will show their appreciation to the publishers by giving it a warm reception, and the best way to do this is by immediate purchase.

LEONARD'S PHYSICIAN'S POCKET DAY-BOOK. Bound in Red Morocca, with Flap, Pocket and Pencil Loop. Price Post-paid, $1.00. Published Annually by the ILLUSTRATED MEDICAL JOURNAL CO., Detroit, Mich.

This popular day-book is now in its 16th year of publication. It is good for *thirteen* months from the first of *any* month that it may be begun, and accommodates charges for fifty patients daily for that time, besides having cash department, and complete obstetric records. There is space for the diagnosis of each case, or for brief records of the treatment adopted, following each name-space. Name of each patient needs to be written but three times in a month. It has the usual *printed matter*, such as: Dose List; Poisons and Antidotes. Urinary Tests; Exanthematicæ; Disinfectants; Weights and Measures. The book is 7½ inches long and 3½ inches wide, so that it will carry bill-heads or currency bills without folding. It is bound in flexible covers, and weighs but five ounces, so that it is easily carried in the pocket.

"THE INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX FOR 1893." Edited by a corps of thirty-eight department editors—European and American—specialists in their several departments. P. W. Williams, M. D., Secretary of Staff. 626 octavo pages. Illustrated, $2.75. E. B. Treat, Publisher, 5 Cooper Union, New York.

The eleventh yearly issue of this one volume reference book is before us, and it certainly maintains its high reputation as a review of what has been accomplished in the various branches of Medicine and Surgery during the past year. The material selected, its excellent arrangement and correctness makes it one of the

Part II, comp[illegible] portion of the book, is given to the consideration of new treatment, and is a retrospect of the year's work, with several original articles by eminent authorities.

The third and last part is made up of miscellaneous articles such as recent advances in sanitary science, improvements in pharmacy, new inventions in instruments and appliances, books of the year, etc.

Among the numerous excellent articles may be mentioned those of Prof. Harz, on "The Present Status of Therapeutics;" on "Ano-Urethroscopy," by E. Hurvy Fenwick, F. R. C. S., with excellent illustrations on "Cancer and Malignant Growths," by W. H. Elam, F. R. C. S.; on "Cholera and Cholera Infection;" on the "Surgery of the Gall Bladder, by A. W. Mayo Robson, F. R. C. S.; on "Diseases of the Heart," by Dr. Jackson; on "Diseases of the Joints," by Dr. John Ridlon and Robert Jones; on "Laryngoscopy," by Dr. P. Watson Williams; on "Perityphilitis," by Prof. Sonnenburg; on "Progress in Pharmacy," by Dr. John Aulde. The arrangement of the work is alphabetical and with its complete Index, makes it a reference book of more worth.

ESSENTIALS OF HOMŒOPATHIC MATERIA MEDICA; Being a Quiz Compend upon the Principles of Homœopathy, Homeœopathic Pharmacy, and Homœopathic Materia Medica. By W. A. DEWEY, M. D., late Professor of Materia Medica, Hahnemann Hospital College, of San Francisco, Cal.; Associate Author of the Twelve Tissue Remedies of Schussler; late Editor of the California Homœopathic; Associate Editor of the Medical Century; Member of American Institute of Homœopathy, California State Homœopathic Medical Society, etc., etc. Philadelphia: Boericke & Tafel. 1893.

This book contains about 275 pages and has been prepared especially for students in homœopathic medical colleges. The author's aim in its preparation has been to condense and give nothing but the essentials, nothing but the barest skeleton of the subject, nothing but Mr. Thomas Gradgrind's facts, and nothing but what every medical student should, at the time of his graduation, have at his tongue's end. Successfully has he accomplished his task. The arrangement of the work is very simple and easily understood.

In large black type the principle headings are given in the way of questions, and immediately below the answer. By this means the student becomes familiar with the most important questions and answers. The book is gotten up by Boericke & Tafel, and is first-class in every respect.

OUTLINE OF OBSTETRICS. A Syllabus of Lectures Delivered at the Long Island College Hospital. By CHARLES JEWETT, A. M., M. D., Professor of Obstetrics and Pediatrics in the College, and Obstetrician to the Hospital. Edited by HAROLD F. JEWETT, M. D. Price $2; subject to discount. W. B. Saunders, Philadelphia.

This work will be a great aid in the study of obstetrics, in both the didactic and the practical work of the college course. It contains something over 250 pages and gives the outlines, the general facts, relating to obstetrics in a clear manner. It has been prepared especially for the student and it will certainly be of great help to him in securing a classified knowledge of the outlines of his subject, and not only will it assist the student in his college course, but it will also be a useful book for reference to the general practitioner. The work is neatly printed and bound by W. B. Saunders.

THE MEDICAL REVIEW VISITING LIST, PERPETUAL. J. H. Chambers & Co., Publishers, St. Louis, Mo.

A great many of these Lists are published every year. They are very useful and convenient, and this one is specially a good one, one of the best published. It not only contains the weekly case list, memoranda, etc., but also much valuable information, such as the methods of preparing disinfectants, chemical examination of urine, poisons and their antidotes, table of doses, etc., etc. It is most convenient in size, of little weight, only four ozs., with a substantial flexible cover.

ANNUAL OF THE UNIVERSAL MEDICAL SCIENCES. A Yearly Report of the General Sanitary Sciences Throughout the World. Edited by Chas. E. Sajous, M. D., and Seventy Associate Editors, assisted by over Two Hundred Corresponding Editors, Collaborators and Correspondents. Illustrated with Chromo-Lithographs, Engravings and Maps. 8vo. Vols. I-V. [Philadelphia and London.] The F. A. Davis Company. 1893. Price, cloth, $15.00.

Five volumes of this gigantic work are now before us, the appearance of which constitutes one of the landmarks in American medical literature. The medical profession can not but express a feeling of great pride when they remember that the existence and success of this magnificent series of volumes is due to the unremitting efforts of a celebrated American physician and an enter-

prising publisher. Dr. Chas. E. Sajous, the Editor in Chief, has been in Europe for a year perfecting arrangements to broaden the scope of the work by enlisting the services of a number of European writers and teachers, the result of which we will enjoy contributions from Dujardine, Beasamertz, B. W. Richardson, Kerr, and others, thus making the Annual international. One writer said of making many books there is no end, and may there be no end to the publication of the Annual of the Universal Medical Sciences. Everybody knows what the Annual is and we are sorry everybody does not own a copy. It is certainly a most interesting and useful set of books. Each department of medicine, obstetrics, surgery, anatomy, physiology, etc., shows the work of a masterly hand, thus giving in a condensed form the whole field of recent medical and sanitary progress. I look upon this as the best Annual of medical publications and is essential to the library or office table of every practitioner who practices medicine in order that he may do good. Each volume has its own index and at the close of the fifth volume a most complete triple index is given, by which the reader may find the location of diseases, method of treatment and authors. We hope that the expression of our opinion on the merits of this edition and the daily utility of such a work will lead many of our readers to become subscribers to the Annual. In conclusion, we wish to give great praise to the publishers for the handsome manner in which these volumes are presented. Clear type, strong, durable paper, fine press work, beveled edges, and elegant binding characterize this edition. We most highly commend it to every medical man as containing the latest and most valuable information.

INTERNATIONAL CLINICS. Vol. III, Third Series, 1893. Edited by JOHN M. KEATING, M. D. LL. D., Colorado Springs, Col.; JUDSON DALAND, M. D., Philadelphia; J. MITCHELL BRUCE, M. D., F. R. C. P., London, England; and DAVID W. FINLAY, M. D., F. R. C. P. Philadelphia: J. B. Lippincott Co. 1893. Cloth. 8vo. Pp. 365—xii. Price $2.75. Leather, $3. (Sold only by subscription.)

We have always looked forward with a great deal of pleasure to the publication of this "Quarterly of Clinical Lectures" on Medicine, Neurology, Pediatrics, Surgery, Genito-Urinary Surgery, Gynæcology, Ophthalmology, Larangology, Otology and Dermatology, by professors and lecturers in the leading medical colleges of the United States, Great Britain and Canada, for they are always full of fresh and useful information. This, the third volume of

the third series, maintains its high pre-eminence as a periodical of great use to the practitioner. This volume contains articles or lectures from forty-eight persons upon subjects of their own selection, of which they are most familiar, thus making it of infinite value to physicians. There is so much of interest and value in the present volume that criticism must seem forced and trivial. This volume contains something over 400 pages, with many excellent illustrations, and forms an attractive as well as a useful contribution to medical literature.

THE FRENCH DOCTORS' BOOK, containing a collection of 1,200 Favorite Prescriptions, by the most eminent French Physicians. Published by Wm. Van Bergen, 89 Court Street, Boston, Mass.

This book contains 1.200 favorite prescriptions, some from the specialists who stand pre-eminent in the treatment of those diseases to which he has devoted the largest part of his life, and therefore the 1,200 prescriptions contained in this book are the cream of the professional success of the 402 doctors who furnished them. At the close is found a copious index, by means of which the appropriate treatment of any of the diseases noted may be readily found. The book contains about 125 pages, and is gotten up in a very simple ahd systematic style, arranging the diseases alphabetically and in large, heavy type. The work will be of an advantage as a book of reference.

THE LOST MANUSCRIPT—A NOVEL. By Gustav Freytag. Authorized Translation from the 16th German Edition; complete in one volume. Ghicago. The Open Gourt Publishishing Gompany.

This book is from the ingenious pen of Gastav Freytag and he has expressed the central idea of his novel "The Lost Manuscript," in the motto which he has written for the American Edition. "A noble human life does not end on Earth with death. It continues in the minds and the deeds of friends, as well as in the thoughts and the activity of the nation." This idea of the continuity and preservation of soul life permeates the whole work. We observe the Professor in his study, ever eager to fathom the thoughts of the great thinkers of the past and imbuing his students with their lofty spirit. We sympathize with the heroine of this novel the strong, pious Saxon maiden, in her religious and intellectual development, we behold her soul enlarging under the influence of unusual and trying situations; we watch her mentally growing amid the new ideas crowding in upon her; we enjoy the droll

characterizations of the half educated, of Mrs. Rollmaus and the servants, in whose minds the mysteries of soul-life appear in the shape of superstitious notions. And we see, again, the consequences of wrong doing, of errors, and of mistakes continuing like a heavy curse, depressing the mind and hindering its freedom. This book is interesting from its descriptions of university circles, of country life, and of the vanity fair at the smaller princely courts of Germany. In the preface it is further stated that the plot of Lost Manuscript, Gustav Freytag briefly characterizes as follows: "In the upright soul of a German scholar, through the wish to discover something of great worth for knowledge, are casting juggling shadows, which, like as moonlight distorts the forms in the landscape, disturb the order of his life, and are at last overcome only through painful experience." The work is in its 16th edition and the mechanical appearance of the work is due to the skill of the Open Court Pub. Co. To those who have not read the book a rare treat is in store for them.

THE PHYSICIAN'S VISITING LIST FOR 1894. Forty-third year of its Publication. Philadelphia: P. Blackiston, Son & Co., 1012 Walnut Street.

This is certainly one of the neatest and most complete visiting lists that we have yet received. It has been published for forty-three years, which fact is a sufficient guarantee of its excellence and popularity. It contains many other valuable suggestions besides the visiting list proper, such as table of doses, table of reckoning the period of pregnancy, tables of metric system, a list of new remedies, rules for examining the urine, etc. It is most convenient in size and thickness, bound in good leather, printed on first-class paper, and on the whole it is a most compact and useful little volume.

A. S. ALOE COMPANY, Catalogue of Superior Surgical Instruments and Physicians' and Surgeons' Supplies. St. Louis, Mo.

This is quite a large and handsome catalogue, gotten up by this enterprising house of the West. They have neither spared time nor money to make this the most complete catalogue ever published in this country. All the latest and most approved forms of instruments have been introduced, leaving out such as are almost obsolete. Their display of instruments is very fine indeed. The cuts are very handsome and the book on the whole presents a good appearance.

SYPHILIS IN THE INNOCENT. (Syphilis Insontium) Clinically and Historically Considered With a Plan for the Legal Control of the Disease, by Duncan Bulkley, A. M., M. D., Professor of Dermatology, New York Post-Graduate Medical College; Physician to the New York Skin and Cancer Hospital, etc, etc. 8vo. About 350 pages. Price to be annoenced. Bailey & Fairchild, Publishers, 29 Park Row, New York.

The attention of the profession is called to this forthcoming work to which was awarded the Alvarenga Prize of the College of Physicians of Philadelphia.

It contains a complete presentation of the subject of the innocent acquiring of syphilis in social and industrial life; and also professionally, with histories of over one hundred personal cases of extra-genital chancre.

Tables are given of all the epidemics of syphilis, and also one including over nine thousand cases of extra-genital infection, of which the data are found in the Analytical Bibliography. This latter covers 150 pages, with reference to cases reported by several thousand writers, and in the synopsis of facts and literature these are all analyzed. It is not too much to say that this is one of the most exhaustive works which has ever been made of any one medical subject; but it is also intensely practical, and places the matter of the legal control of syphilis upon a different basis from that commonly recognized.

American Text Book of Gynæcology.—Mr. W. B. Saunders, Publisher, of Philadelphia, Pa., announces this work as ready for early issue. It is the joint work of Drs. Howard, Kelley, Pryor, Byford, Baldy, Tuttle, and others who stand before the profession for all that is progressive in gynæcology. The work will contain operations not before described in any other book, notably ablation of fibroid uterus. It is designed as a profusely illustrated reference book for the practitioner, and every practical detail of treatment is precisely stated.

American Text-Book of Diseases of Children will be edited by Dr. Louis Starr. This work, as well as the "Gynæcology," will contain a large number of beautiful illustrations, a great number of which are originals. In point of perfection it will be far in advance of any single volume work on "children" yet issued, and will contain as many colored and full-page illustrations as is usually put in works of four and five volumes; yet the price will be uniform with the "American Text-Book of Surgery."

Vol. II. of the American Text-Book of the Theory and Practice of Medicine is now in the printer's hands, and will be placed in the hands of the medical profession shortly. In the first volume nearly two hundred pages are from the pen of Dr. William Pepper, and in the second volume he writes over three hundred pages, thus making over one-fourth of the entire work from the editor.

E. B. Treat, Publisher, New York, has in press for early publication the 1894 International Medical Annual, being the twelfth yearly issue of this eminently useful work. Since the first issue of this one volume reference work, each year has witnessed marked improvements; and the prospectus of the forthcoming volume gives promise that it will surpass any of its predecessors. It will be the conjoint authorship of forty-one distinguished Specialists, selected from the most eminent Physicians and Surgeons of America, England and the Continent. It will contain complete reports of the progress of Medical Science in all parts of the world, together with a large number of original articles and reviews on subjects with which the authors' names are especially associated. In short, the design of the book is, while not neglecting the Specialist, to bring the General Practitioner into direct communication with those who are advancing the Science of Medicine, so he may be furnished with all that is worthy of preservation, as reliable aids in his daily work. Illustrations in black and colors will be consistently used wherever helpful in elucidating the text. Altogether it makes a most useful, if not absolutely indispensible, investment for the Medical practitioner. While the book will be so much improved over previous issues, the price will remain the same as heretofore, $2.75.

E. B. Treat, publisher, also has in press the following books, which will be issued early in 1894:

A Manual of Clinical Diagnosis, by Albert Abrams, M. D., Assistant Professor Clinical Medicine and Demonstrator of Pathology, Cooper Medical College, San Francisco, new and enlarged edition, $2.75.

Diseases of the Hair and Scalp, by Gen. T. Jackson, M. D., Chief of Dermatological Clinic, College of Physicians and Surgeons, New York. Illustrated; second edition, enlarged, $2.75.

How to Use the Forceps: A Manual of the Obstetric Art and

Mechanism of Labor, by Prof. H. G. Landis, M. D., Columbus, O., enlarged edition; by C. H. Bushong, M. D., New York, $1.75.

Also just issued: Practical Hygiene, based on modern theories and scientific progress, by C. G. Currier, M. D., New York, specialist and expert in Sanitary Science, $2.75.

The Redemption of the Brahman—A Novel—by Richard Garbe. The author is Professor of Sanskrit at the University of Konigsberg in Prussia. His works are very scholarly and most of them treat of the recondite subjects of ancient Indian rituals and Brahman philosophy. His "Indische Reiseskizzen" (Berlin: Pætel) 1889, is a popular work which made him known in Germany as a brilliant literary writer outside the pale of his science. Professor Garbe travelled through India during 1885 to 1887 as a commissioner to the Prussian Government, and he used this opportunity to make a special study of the Indian philosophical systems in Benares, the metropolis of Brahman wisdom. His relations to the native savants became more intimate than is usually the case between Europeans and Brahmans. Many observations of his are embodied in this little tale. "The Redemption of the Brahman," which is not only a fascinating sketch of the religious life of the native Indians, but also a picture of the aspirations which in exceptional cases prompt faithful believers among the Brahmans, like so many Christians of Europe and America, to outgrow the old rituals and ceremonies of a dogmatic and narrowly sectarian worship, and to widen into a cosmic religion of humanitarianism. The Open Court Publishing Co., 324 Dearborn Street, Chicago.

The Lost Manuscript—A Novel—by Gustav Freytag. Authorized translation from the sixteenth German edition. Two volumes, 953 pages, extra cloth binding, wide margins, gilt top, boxed. Price $4.00. Homilies of Science. By Dr. Paul Carus. 310 pages, ornamental cover designs, cloth, gilt top. Price $1.50. Truth in Fiction. Twelve Tales with a Moral. By Dr. Paul Carus. 128 pages, printed on fine laid paper, white and gold cloth binding, gilt edges. Price $1.00. The Open Court Publishing Co., 770 Monon Building, 324 Dearborn Street, Chicago.

Reprints.

Perityphlitis—Report of Three Cases of Perforating "Cæcitis" and "Pericæcitis," by F. C. Schaefer, M. D., Professor of Clinical

Surgery, Northwestern University Medical School; Professor of Surgery Northwestern University Woman's Medical School; Surgeon to Wesley Hospital, Chicago.

Results of Aseptic Celiotomy, by Wm. H. Wathen, A.M., M.D., Professor of Abdominal Surgery and Gynecology in the Kentucky School of Medicine; Fellow of the American Gynecological Society and of the Southern Surgical and Gynecological Society; Consulting Gynecologist to the Louisville City Hospital, etc., Louisville, Ky.

The Technique and After-Treatment of Ovaritory, by J. B. S. Holmes, M. D., Rome, Ga. The Franklin Printing and Publishing Co., Atlanta, Ga.

Prevalent Errors in the Treatment of the Diseases of Women, by G. Betton Massey, M. D., Philadelphia, Pa. George S. Davis, Publisher, Detroit, Mich.

Recent Progress in Electro-Gynecology, by G. Betton Massey, M. D., Philadelphia. Published at the office of the Association, Chicago.

Report on Nasal Surgery, with illustrated cases, by M. F. Coomes, A. M., M. D., Professor of Physiology, Ophthalmology, Rhinology, and Otology in the Kentucky School of Medicine, Louisville, Ky. John P. Morton & Co., Publishers, Louisville.

The Pneumatic Cabinet in the Treatment of Pulmonary Phthisis, by C. E. Quimby, A. M., M. D., New York.

Mistaken Impressions About Nasal Catarrh and its Treatment, by Joseph A. White, A. M., M. D., Richmond, Va., Professor of Eye Diseases, and Associate Professor Ear, Throat and Nose Diseases in the College of Physicians and Surgeons, Richmond, Va.; Senior Surgeon to the Richmond Eye, Ear, Throat and Nose Infirmary.

Dr. John M. Keating, LL.D., formerly of Philadelphia, died at Colorado Springs, his late residence, on Saturday, November 18, 1893. Dr. Keating was formerly medical director of the Pennsylvania Mutual Life Insurance Company, of Philadelphia, was an author of national reputation, and a physician of distinctio One of his latest literary efforts was the editing of a series of International Clinics, issued from the press of the J. B. Lippincott Co., of Philadelphia.—*Ex.*

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Please Mention Charlotte Medical Journal.

EDITORIAL BRIEFS.

Dr. Paul Barringer, of the University of Virginia, is spending a few days in our city, visiting relatives and friends. We are glad to hear through him of the large number of students attending the University.

Notice the advertisement of the Virginia Pharmacal Co., of Richmond, Va. This is comparatively a new house, but one of the largest and most responsible to be found anywhere in the country. Their Pancropeptine is one of the finest preparations ever presented to the profession.

The preparations of the Maltine Manufacturing Co., of New York, still maintains their high reputation and they certainly deserve the confidence and continued support of the medical profession. Their plain Maltine, Maltine with Cascara Sagrada and Maltine with Cod Liver Oil have stood the test of clinical experience.

Death of Dr. Summerell.—Dr. J. J. Summerell, of Salisbury, N. C., died at his home in that place on the 18th inst., from an attack of pneumonia. Dr. Summerell was 74 years old, and leaves two sons and two daughters. He stood high in his profession and was one of the most prominent physicians of this State. His reputation was known throughout North Carolina, and he had friends all through the State.

We invite the attention of our readers to the advertisement of the Chloride of Silver Dry Cell Battery Co., of Baltimore, Md., which occurs for the first time in this issue. This mammoth Electro-Medical Manufacturing Company have for the past few years, made many important improvements in their great variety of batteries Send to them for the fifth edition of their catalogue, it is extensively illustrated and is something that should be in the office of every progressive physician. They have placed at the disposal of the medical profession a battery which is dry, clean, small, light, absolutely constant in its electro-motive force and free from all local action while not in use. They can be carried over the roughest roads without the slightest danger of spilling the contents of the cells, and can always be relied upon for immediate work without any preparation whatever.

Dr. John Whitehead, of Salisbury, has been elected a member of the State Board of Health in place of Dr. Hodges, formerly of Wilmington, who has left the State. A worthy selection

Dr. Joseph J. Kenyoun, First Assistant Quarantine Physician of the United States, has been spending a few days in our city. The Doctor has gained for himself quite a reputation as a microscopical expert, and has on several occasions been sent by this government to other countries in the interest of quarantine Dr. Kenyoun is now stationed in Washington City. He was formerly from this State, and has relatives and many friends in this city.

We take pleasure in calling the attention of our readers, at this time, to the value of Firwein (balsam of firwein with Iodine, Bromine and Phosphorous), prepared by The Tilden Company, of New Lebanon, N. Y., St. Louis, Mo., and New York City.

We do not pretend to explain the phenomenon of its action, but this we do know, that it possesses remarkable curative properties in chronic bronchitis, incipient phthisis, and in all catarrhal affections of the mucous membranes of the body—such as nasal, post-nasal and laryngeal catarrh, catarrh of the stomach, bladder and uterus, in which it may be used either internally, topically or by inhalation, according to the location and indications presented in each case.

Unlike expectorants, syrup of hypophosphites, Cod Liver Oil, and the different emulsion compounds, it does not impair, but, on the contrary, strengthens and improves digestion and assimilation. A very important consideration, when we consider that malassimilation is the chief source of danger, especially in bronchitis and consumption.

Under the use of the Firwein the improvement, in the two latter ailments especially, is usually very prompt, being quite noticeable within a week from the commencement of the treatment. In that time the cough is fairly under control, the expectoration considerably lessened, the breathing much easier, the lungs less painful, the appetite and weight increased, and the patient greatly encouraged and helped in every way. We bespeak for the remedy a fair and thorough trial, feeling sure that it will meet your highest expectation and win for itself a permanent place in your esteem.

THE Texas Health Journal says the physician who delays paying his journal subscription may expect those who owe him to beat him in the same way.

THE usefulness of good Hypophosphites in Pulmonary and Strumous affections is generally agreed upon by the Profession. We commend to the notice of our readers the advertisement on page 8 of this number. "Robinson's Hypophosphites" also "Robinson's Hypophosphites with Wild Cherry Bark" (this is a new combination and will be found very valuable) are elegant and uniformly active preparations; the presence in them of Quinine, Strychnine, Iron, etc., adding highly to their tonic value.

WHEN a lawyer defends a man for his life and by some technicality or shrewdness he gains his case, that lawyer is often spoken of as that man who saved my life. When a person is stricken down, we will say with strangulated hernia, just as sure death as hanging unless relieved, he sends for the physician, who understands this technicality of nature, and relieves him, saves him from, not the gallows, but death. He does not say that physician saved my life, but through the providence of God I escaped death.

THE opening article of this issue entitled "The Antiseptic or Rational Treatment of Typhoid Fever" by Dr. J. Wellington Byers, of this city, is of unusual interest and value, and we hope our readers will scan it closely and profit thereby. A few of the doctor's ideas set forth in this article are not fully in accord with those we see in our text books, and that are taught by a great many of our eminent professors, yet I think the doctor is right and that many important changes in the treatment of this disease will be made in the near future. His classfication of the causes of the high fever is especially interesting. He does not believe that the specific typhoid poison is responsible in a great many instances for the high fever, but believes the greater part of it to be due to the absorption of poisons generated by putrefactive changes that are constantly going on in the alimentary canal during an attack of this fever.

The Empire Manufacturing Company, Lockport, N. Y., makes a fine scientific supporter, trusses and abdominal bandages.

Selections.

The Origin of Circumcision.

La Medicine modern states that at a recent session of the Paris Society of Anthropology the question of the origin of circumcision was discussed. M. Latourneau recalled the custom of the Egyptians of practicing phallotomy on the vanquished. This custom still persists in our day among the Abyssinians. Every warrior who has killed an enemy, says James Bruce, presents to the chief a bloody prepuce. The ceremony being concluded, each warrior gets back his bloody trophy, and, taking it home with him, prepares it in the same fashion the Indians employ for scalps. This custom exists among the Hebrews, and to become the son-in-law of Saul, David had to bring in the foreskins of a hundred Philistines.

Ritual circumcision is thus derived, and was an act of homage to get. The usage of offering portions of the body to the gods has been and is yet very widespread. It is a symbol of a complete sacrifice that has become partial by the lessening rigor of morals. It is thus that blood or the fingers were offered, or the sacrifice of their hair, by the early Christians.—*N. Y. Med. Jour.*

Treatment of Infantile Convulsions.

M. Jules Simon recommends the following line of treatment of infantile convulsions: 1. Empty the digestive tract by an enema and by tickling the fauces to promote vomiting. 2. If the attack continues, administer ether or chloroform on a handkerchief. 3. Administer by the mouth, or if necessary by enemata, repeated doses of the following mixture: Chloral hydrate, fifteen grains; bromide of potassium. fifteen grains; syrup of codeine, ten drops; tincture of musk, ten drops; tincture of aconite, ten drops; orange-flower water, three ounces and a half—this quantity to suffice for twenty-four hours. 4. When the attack is very grave, give a warm bath and apply a small blister to the back of the neck or the epigastrium, leaving it on for three hours. Antiseptic precautions should be observed and a poultice subsequently applied."—*Lancet.*

By all means try the Elastic Truss made by G. W. Flavell & Bro., 1005 Spring Garden street, Philadelphia, Pa.

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For the Teeth—Some Excellent Rules to Follow in the Care of Them.

One of the most skillful dentists in New York gives these rules for the care of the teeth :

Use a soft brush and water the temperature of the mouth. Brush the teeth up and down in the morning, before going to bed, and after eating, whether it is three or six times a day. Use a good tooth powder twice a week, not oftener, except in case of sickness, when the acids from a disordered stomach are apt to have an unwholesome effect upon the dentine. Avoid all tooth pastes and dentifrices that foam in the mouth; the lather is a sure sign of soap, and soap injures the gums, without in any way cleansing the teeth.

The very best powder is of precipitated chalk; it is absolutely harmless and will clean the enamel without affecting the gums. Orris root or a little winter green added gives a pleasant flavor, but in no way improves the chalk. At least a quart of tepid water should be used in rinsing the mouth. A teaspoonful of Listerine in half a glass of water used as a wash and gargle after meals is excellent; it is good for sore or loose gums; it sweetens the mouth, and is a valuable antiseptic, destroying promptly all oders emanating from diseased gums and teeth. Coarse, hard brushes and soapy dentifrices cause the gums to recede, leaving the dentine exposed. Use a quill pick if necessary after eating, but a piece of waxed foss is better. These rules are worth heeding.

Be assured of the genuine Listerine by purchasing an original bottle.

Concealment of Sex.

A case having some scientific interest in its bearing on the question as to whether secondary sexual characters are inherent or acquired, has recently been investigated. An individual known as "Jack Jorgenson," and employed for many years as a farm laborer at Elmore, Victoria, died suddenly, and the body was found to be that of a woman. Jorgenson's real sex had never been suspected. She had been in the Mounted Rifles, and was noted for her capacity for hard work. She was very unprepossessing in features and rough in manners, so that she was unpopular in the district and had no intimates.—*Lancet.*

The Reward of Wickedness.

"I never robbed a man but once," said the honest tramp, "and then I was starving. He would not give me a penny, and I could not stand the gnawings in my stomach any longer. So I knocked him down and went through his pockets. What kind of a haul did I make? Just one little bottle that read on the label: 'Pepsin; for the full feeling after eating.'"—*Judge.*

Febricide Pills in Malarial Troubles.

In malarial troubles, we have a multitude of depressing symptoms which keep the system in a low condition. We find many similar symptoms in neurasthenia. Are not many cases of malaria (so-called) really caused by a deficient action of nerve force from the cerebro-spinal system? If this is the case then we require a stimulating tonic to elevate these forces during this period of inaction, and by the elevation of these forces we restore the functions of life to a normal condition

Neuralgia, caused by nervous depression, must be corrected on a basis of common sense. If we administer anodynes, the effect is only temporary. If the trouble is due to loss of nerve force, we must raise that force to accomplish permanent relief. This is a practical manner of considering disease and its scientific treatment. In the treatment of malarial troubles, neurasthenia and neuralgia, the profession will find Febricide Pills worthy of their consideration, as it is a combination of remedies which merits their confidence, and which has proved most valuable in our experience with it.

The Tri-State Medical Journal.

This is the title of a new monthly journal published in Keokuk, Iowa, and edited by Dr. James Moores Ball and Dr. George Edward Marshall, the first number of which is dated December 18, 1893. The issue consists of twenty-eight large octavo pages of reading matter arranged under the heads of original articles, of which there are five, editorial, book notices, historical and biographical sketches, and miscellany. The new journal presents a creditable appearance and adorned with the picture of an ancient bust of Hippocrates.—*Ex.*

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Will not depress the heart.

Absolutely safe.

"Your sample of Acetanilid and Caffeine Compound has proven very satisfactory indeed, and is all you claim for it, as non-depressing Antipyretics are something we have not been able to reach before at a reasonable price. Please send me four ounces by return mail."

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Pepsin Compound.

FORMULA:

Sugar of Milk	40 ozs.
Pepsin	8 "
Pancreatin	3 "
Maltose	3 "
Veg. Diastase	4 drs.
Lactic Acid	5 fl. drs.
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Dr. W. H. JACKSON, Springville, N. Y., says: "It is positively the best preparation of the kind I ever saw. I don't see how you can sell it so cheap."

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THE MALTBIE CHEMICAL CO.

Pharmaceutical Chemists, BUFFALO, N. Y.

The Therapeutics of Glycozone—Composition and Characteristics.

By Cyrus Edson, M. D., Health Commissioner, Board of Health, New York City.

Glycozone is defined by its discoverer, Mr. Ch. Marchand, to be a stable compound, resulting from the chemical reaction that takes place when a c. p. glycerine is submitted, under certain conditions, to the action of fifteen times its own volume of ozone, under normal atmospheric pressure at a temperature of 0°C.

The necessity of using c. p. glycerine is imperative, as a presence of the water or other foreign matter in the glycerine causes the production in the resulting compound of formic acid, glyceric acid, and other secondary products, that have a harmful effect upon animal tissues.

Glycozone has a pleasant, sweetish taste. Being hydroscopic it must be kept in tightly corked bottles, and, as long as it is kept in this condition, it does not deteriorate at a temperature of even 110 degrees F.

Antagonists and Incompatibles.—Glycozone, like peroxide of hydrogen is a powerful oxidizing agent, although its action is not as rapid or energetic in this respect as the latter compound. Consequently we cannot safely prescribe it combined with any other drugs or chemical substances. Contact with metallic utensils decompose it. We must therefore use glass or hard rubber vessels and syringes when administering it.

Physiological Action.—When taken into the mouth and stomach glycozone causes a feeling of warmth. It excites a flow of saliva and stimulates the gastric secretions. Being hydroscopic it attracts to itself water from the surrounding tissues but not with sufficient power to effect harm. This property is due solely to the glycerine base which enters into the composition. In very large doses, one or two ounces, it causes a feeling of distress in the epigastrium and is followed by loose, copious and watery stools, which are accompanied by severe cramps.

No effect is noted on the kidneys, the liver or the heart. Glycozone is undoubtedly slowly decomposed in the stomach, ozone being liberated and the glycerine uniting with the water from the tissues. The morbid elements with which it comes in contact probably hasten this decomposition, and in so doing are themselves

oxidized and destroyed. The free ozone in the stomach resulting from the decomposition of glycerine aids the digestive process by its presence.

Therapy.—Glycozone is, in the opinion of the writer, the best known agent in the treatment of gastric ulcer. It is also one of the best remedies for the treatment of the stomach, catarrh of chronic alcoholism, and for chronic gastric catarrh from other causes. It is excellent for atonic dyspepsia, and for acid dyspepsia. The writer has seen very gratifying results from its use in these distressing maladies.

In catarrhal and other stomachic diseases except gastric ulcer, the remedy is best administered in one or two teaspoonfuls in a wineglassful of water, immediately after meals. In the case of gastric ulcer the dose and dilution should be the same, but it is better to give it when the stomach is empty, an hour or so before meals.

Glycozone has an excellent effect when used internally in cases of diphtheria. For this purpose a tablespoonful of glycozone is given in a wineglassful of water every three hours. As it is perfectly harmless it may be used without apprehension. The following treatment is excellent in cases of membranous croup: The nose, throat, mouth, pharynx, and larynx should be sprayed copiously every two hours or so with a mixture of one ounce of Marchand's peroxide of hydrogen (medicinal), with four to six ounces of water.

The membranes are readily destroyed, and by using this remedy freely, their reproduction is prevented. Then one teaspoonful of glycozone, diluted in a wineglassful of water, administered three times a day, prevents any disturbance of the stomach and regulates the bowels.

Remarkable benefit may be derived in the treatment of diseased conditions (ulceration and chronic inflammation) of the rectum and lower gut, by enemata containing glycozone, and for this purpose nothing excels the following formula:

Glycozone ..... 1 ounce
Water, lukewarm..... 12 ounces.

This should be mixed immediately before using, and administered with a hard rubber syringe once daily. It is frequently desirable to use a smaller amount than the above mixture. The pro-

portions 1 to 12, however, should be maintained. In cases of fistula in ano and of rectal ulcerations low down, an ounce of lukewarm water containing a drachm of glycozone administered once or twice daily soon effects good and in cases of ulcer, pure and simple, may be expected to radically cure the diseased conditions.

External Uses.—After the cleansing of any diseased or suppurated surface by peroxide of hydrogen (medicinal), the application of glycozone stimulates healthy action and hastens the cure. For this purpose it has no superior in the entire range of therapeutics. It tends to check the discharge of irritating unwholesome secretions and to prevent the infection of the sore by pathogenic organisms. Its action in this respect is explained by the fact that it is both powerfully antiseptic and stimulant.

Follicular pharyngitis, chronic coryza and ulcerative stomatitis are all benefitted by frequent applications of glycozone. As an application to ulcerated cervix-uteri and in tumefied conditions of the cervix and uterus it is far superior to pure glycerine.

In these cases, and for the cure of leucorrhœa, the remedy should be applied on small rolls of lint, or absorbent cotton, the vagina having first been thoroughly washed with an injection of peroxide of hydrogen one part, water four parts. This procedure should be repeated twice daily.

Extract From a Lecture on "Degenerations in Obesity."

By Dr. Clarence R. Vogel, Clinical Club, Columbus, Ohio.

Adipose tissue found in any part of the body, is an accumulation of fat cells held together by connective tissue more or less well supplied with blood vessels. The fats in the food are not identical to that in these tissues, as is generally supposed; by some authorities it is claimed that the fats are manufactured from the carbohydrates; that this metamorphosis takes place in some part of the body; that the amount of the fatty tissues is in no way dependent on the amount of fat in the foods; that in fatty degeneration of any of the organs, there is evidence of the formation of fat from the proteids. The fat stored up appears as fat drops or granules, and is deposited in the cell-substance which is subsequently replaced by the fat granules. This fat contains the main fat elements, olein, palmitan and stearin.

Regarding fatty degeneration of the heart: This organ is composed of bundles of muscular fibres bound together by connective tissues well supplied with blood vessels. In every degeneration the substance of the fibre cell is replaced by the fat granules, giving it the appearance of, and producing an atrophied condition of the muscular fibre cell. When this change has taken place only to a slight degree, we have the coldness of the extremeties, sighing, shortness of breath, and spells of fainting; as disintergration progresses, graver symptoms, syncope, and paralysis manifest themselves.

Many preparations have been used which would act on the oil and fat globules, either while still held by the white corpuscles of the blood, or after they have been conveyed to the tissues involved, at the same time have no deleterious effect on the other tissues and organs of the body. The only remedy which will act in this manner has been discovered in the Phytolacca Decandra, of which preparation PHYTOLINE (Walker) is the only genuine and the only one, the efficacy of which has been demonstrated in clinical cases. From the excessive amount of oil and fat globules found on microscopical analysis of the urine. I am of the opinion that PHYTOLINE causes a dissolution of the fat cells; that they are taken up by the white corpuscles and eliminated by the kidneys. That the oily matter is eliminated by the skin, is evidenced by its greasy appearance, so characteristic of degeneration.

The most beneficial effects of PHYTOLINE are obtained by the patient taking 10 drops, 6 times daily and large draughts of water three or four times a day and abstain from food containing carbohydrates, sugar and starches, all of which form large constituents of ordinary fattening foods.

Cinnamon as an Antiseptic.

"No living germ of disease can resist the antiseptic power of essence of cinnamon for more than a few hours," is the conclusion announced by M Chamberland as a result of prolonged research and experiment. It is said to destroy microbes as effectively, if not as rapidly, as corrosive sublimate. Even the scent of it is fatal to microbes, and M. Chamberland says a decoction of cinnamon should be taken freely by persons living in places affected by typhoid or cholera.—*Ex.*

Physicians who have been disappointed in the use of favorite Prescriptions have the remedy in their own hands. Prescriptions and orders should read "Wm. S M. Chem Co."

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CHARACTERISTICS:

UNIFORM STRENGTH, CONVENIENCE OF ADMINISTRATION, NON-LIABILITY TO DETERIORATION BY AGE, POSITIVE THERAPEUTIC EFFICACY.

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The most efficient and cleanly means of introducing remedies into the vagina. Antiseptic, perfectly soluble and reliable. Each capsule contains an absorbent tampon which may be medicated with any remedy indicated.

WHEN?

In all cases of acute and chronic inflammation of the lining of the womb, gonorrhoea syphilitic, purulent and leucorrhoeal discharges.
Relaxation of the uterine ligaments and weakening of the vaginal walls.
Falling of the womb. Ulceration of the osuteri.
Disease of the ovaries and fallopian tubes.
Painful and scanty menstruation.
Where the womb is extremely irritable and neuralgic.

HOW?

Moiston the tampon with the remedy, draw it back into the capsule by means of the linen thread, replace cap and insert.

WHAT?

The result is a grateful relief to the sufferer and satisfaction to the physician. No handling of disagreeable drugs; no loss of medication in the introduction, no soiling of linen.

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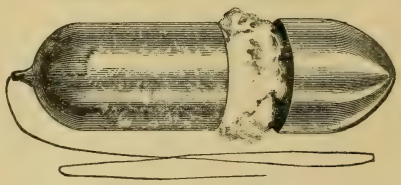

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Absorbent Cotton, Oulo-Kutun (Woo, and Cotton) or Wool, as desired.

Exact size of No. 2 Capsule.

Any size by mail postpaid on receipt of price, 60c. per box.

VALUABLE AS A PESSARY.

Extract from a letter from Dr. A. J. Howe, Professor of Surgery, Eclectric Medical Institute, of Cincinnati,O

"The Anderson's Vaginal Capsules charged with tampons of Oulo-Kutun are a convenient vehicle and medium for introducing douches or medicated fluids into the vagina, and retains them there. Astringent, sedative and antiseptic liquids may he thus employed, instead of the syringe as an implement, or a speculum,"

Respectfully,
A. J. HOWE, M. D.

☞ Send for printed matter containing valuable information.

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Have you seen our "Ruby Capsule" for disguising the physical appearance of prescriptions, and for use when two medicines are to be taken in alternation? Send 10c. for trial box of 100.

Abstracts.

Common Mistakes of Doctors.

To promise a patient that you will cure him.

To promise to call at an exact specified time.

To promise that the malady will not return.

To promise that you can render more efficient service than your fellow-practitioner.

To promise that your pills are not bitter or the knife will not hurt.

To promise that the chill or fever will not rise so high to-morrow.

To allow your patient to dictate methods of treatment or remedies.

To allow yourself to be agitated by the criticisms or praises of the patient's friends.

To allow yourself to buoy up the patient when the case is hopeless.

To allow yourself to make a display of your instruments.

To allow yourself to experiment or exhibit your skill uncalled for.

To allow yourself by look or action in a consultation to show that you are displeased, and that if you had been called first matters would have been different.

To allow yourself to indulge in intoxicating beverages.

To allow yourself to rely wholly upon the subjective symptoms for your diagnosis.—*Ohio Medical Journal.*

An Eye for an Eye.

First Oculist: "I had the most interesting case yesterday that I ever had the pleasure of attending to."

Second Oculist: "What was that?"

First Oculist: A young lady called, who, instead of a common pupil, has a college-student in her eye."—*Truth.*

The medical reader who does not look through the advertising pages knows little of what is going on in the medical world about him.—*Journal of the American Medical Association.*

Dr. Playfair, who recently attended the Princess Marie, of Roumania, in confinement, was presented by the king with a gold snuff-box and the insignia of a Grand Officer of the Crown of Roumania, in addition to his fee, which is said to have been £2,000.

Electricity.

Prof. Ferrans, a celebrated Italian scientist, on being asked by a young lady, "What is electricity," gave this answer in her autograph book. "Maxwell has demonstrated that luminous vibrations can be nothing else than periodic variations of electro-magnetic forces. Hertz, in proving by his experiments that electro-magnetic oscillations are propagated like light, has given an experimental basis to the theory of Maxwell. This gave birth to the idea that the luminous ether and the seat of magnetic and electric forces are one and the same. Electricity then is not only the formidable agent which now and then scatters and tears the atmosphere, terrifying you with the crash of its thunder, but it is also the life-giving agent which sends from heaven to earth, with the light and the heat, the magic of color and the breath of life. It is that which makes your heart beat to the palpitations of the outside world, it is that which has the power to transmit to your soul the enchantment of a look and the grace of a smile."—*N. Y. Med. Times.*

The Inexorable Facts of Heredity.

"I have drunk whiskey every day for thirty-five years," remarked a gentleman of sixty, proudly, "and I don't see but I have as good a constitution as the average man of my age ; I never was drunk in my life." He was telling the truth, but to learn the whole truth you would have to study his children. The oldest, a young lady, had perfect health ; the second, a young man, was of a remarkably nervous and excitable temperament, as different from his phlegmatic father as possible ; the third, a young lady of seventeen, was epileptic and always had very poor health. Did the father's whiskey-drinking have anything to do with these facts ? The instance may be duplicated in almost every community. Think over the families of your acquaintance in which the father has long been a moderate drinker, and observe the facts as to the health of the children. The superintendent of a hospital for children at Berne, Switzerland, has found, by careful observation, that only 45 per cent of those whose parents used intoxicating liquors habitually had good constitutions, while 82 per cent of the children of temperate parents had sound bodies. Of the children of inebriates, only 6 per cent were healthy. —*The Quarterly Journal of Inebriety.*

The New Non-Toxic, Anti-Phthisic Remedy, Oleocreosote.

Manufactured by Dr. F. von Heyden's Successors, Radebeul, near Dresden, Germany.

For consumptive patients some practitioners have recommended Creosote, or its active principle Guaiacol, dissolved in oil and administered either by the mouth or by hypodermic injection. But large doses are not tolerated and produce toxic symptoms like those produced by carbolic acid.

To avoid these effects Dr. Diehl has combined creosote with oleic acid and obtained thus an oleic ether of creosote which he has called Oleocreosote. (Vide Revue Medicale de la Suisse Romande, Feb. 20, '93.)

This compound is a yellowish oily substance, containing 33 per cent. of creosote (or guaiacol), having a characteristic flavor, reminding us of that of creosote, but having no caustic action on the tongue. It is quite insoluble in water, and only slightly soluble in alcohol but dissolves in ether, chloroform, etc., and in fatty oils.

By means of gum arabic, or yolk of egg, it can easily be made into an emulsion with water, which is an agreeable way of giving it. In passing through the system it splits up into creosote and oleic acid.

Numerous experiments on rats, rabbits, etc., by Drs. Prevost and Diehl, have led them to the conclusion (op. cit.) that "oleocreosote can be tolerated in larger doses than creosote simply dissolved in oil," the toxic properties of oleocreosote being so much less intense than than those of creosote dissolved in oil. Injected under the skin, or given by the mouth, it is decomposed in the system and is eliminated by the kidneys, creosote soon appearing in the urine.

Schering & Glatz, New York,
Sole Agents for the U. S.

An Honor to Dr. Jacobi.

The chair of pædiatrics in the University of Berlin, made vacant by the resignation of Professor Henoch, was offered to Dr. Abram Jacobi, of New York, who has declined the honor; preferring to remain an American citizen. This is the first time such a distinction has been offered to an American physician.—*Ex.*

Amenorrhea in a Fertile Woman.

Terrier (*Annales de Gynec. et d'Obstet.*, August, 1892), publishes the following case: A girl, aged 14, menstruated in May, 1874. The catamenia appeared for the second time in September, in the same year, for the third in August, 1875, and for the fourth in September, 1876. After the last date they were suppressed for twenty-three months, and recurred in August, 1878, after hydropathic treatment. They did not reappear till November, 1879. Once more they ceased, and did not recur till May, 1881, on her wedding day. But they did not return, and she became pregnant in September, 1881, and was delivered in June, 1882. In March, 1883, the catamenia appeared for the eighth time in the life of the patient, now aged 23. A month later she became pregnant, and was delivered at term in January, 1884. The ninth occurrence of menstruation was under precisely the same circumstances as the eighth, pregnancy following a month later (June, 1885). She was delivered of her third child in March, 1886. On February 10th, 1887, the catamenia appeared for the tenth time, and once more was followed by pregnancy; the patient was delived at term; for the fourth time in December, 1887. Since that date she has not become pregnant, but after hydropathic treatment the period was seen in January, July and October, 1888, January and April, 1889, January and October, 1890, and April and June, 1891. Since the last date no period has been seen. Thus this woman, free from hysteria or ill health, has only seen her period nineteen times in eighteen years, yet has borne four healthy children.—*Brit. Med. Jour.*

Why General Practitioners Hesitate to Take Patients to Specialists.

"I took a little patient to a specialist on skin disease, who examined the child, meantime addressing all his remarks to the mother, and when he was through handed her the two prescriptions he wrote. I was wholly ignored. No man should be recognized as a member of our profession who is not of all a gentleman; but some cannot be that, because in spite of their medical training they have not been able to eradicate the boorish element of their nature."—Doctor C. L. Burke, in *Kansas Medical Index.*

MISFITS

In medical practice are as common as in shoes and stockings. It is a medical misfit, Doctor, when a digestive agent which acts only upon one class of foods is administered to a patient who is unable to properly dispose of any of his ordinary articles of diet. Lactopeptine is potent to digest all classes of food, because it contains all of the natural digestive ferments in the same proportion in which they exist in the normal human organism.

"Men do nothing excellent but by imitation of nature."—*Rousseau.*

Send 2 ct. Stamp for "Some Wonderful Things in Nature."

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The American Antipyretic, Analgesic and Anodyne.

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"The doctor has the highest and best right to insist that no worthless substitute be imposed upon his defenseless patient. He knows the specific effect of the genuine drug and knows equally well it cannot be successfully imitated."—Courier of Medicine.

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TISSUE PHOSPHATE.

Wheelers Compound Elixir of Phosphates and Calisaya. A nerve food and nutritive tonic for the treatment of Consumption, Bronchitis, Scrofula and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, acceptable to the most irritable conditions of the stomach: Say Bone Lime Phospate, Soda Phosphate, Iron Phosphate, Phosphoric Acid, and the active Principles of Calisaya and Wild Cherry.

The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununite-Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gestation and Lactation, to promote Development, etc., and as a physiological restorative in Sexual Debility, and all used-up conditions of the Nervous System, should receive the careful attention of good therapeutists.

NOTABLE PROPERTIES: As reliable in Dyspepsia as Quinine in Ague. Secures the largest percentage of benefit in Consumption and all Wasting Diseases, by determining the perfect digestion and assimilation of food. When using it, Cod Liver Oil may be taken without repugnance. It reverses success possible in treating chronic diseases of Women and Children, who take it with pleasure for prolonged periods, a factor essential to maintain the good will of the patient. Being a Tissue Conetructive, it is the best general utility compound for tonic restorative purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system.

DOSE:—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful; for infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of

T. B. Wheeler, M. D., Montreal, P. Q.

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Perturbed Nervous Forces—An Unsurpassed Composer and Pain Reliever.

The season of pneumonia, typhoid, bronchitis, also the recurring epidemic of influenza, while not so malignant as it predecessor, la grippe, still makes apropos an extract from The Medical Summary. It says, in speaking of the action of antikamnia:

"This drug has a well-earned character as an analgesic. It is one of the few among the many claimants for favor that have successfully stood the test of experience. In a case of acute polyarticular rheumatism prominently affecting both knees, where there was great swelling and exquisite tenderness of the articulations, two ten-grain doses at an interval of an hour procured almost complete relief, followed by several hours of restful sleep. This was the more remarkable as after one or two more doses there was comparatively little pain experienced to the close of the attack. For the relief of nervous headache, hemicrania, menstrual neuroses and neuralgias in general, it cannot be over-praised. In the prevailing epidemic of la grippe its usefulness as a pain-reliever and composer of the perturbed nervous forces is unsurpassed. It has become indispensable, and doubtless there is not a physician acquainted with its decisive action who could be induced to dispense with it. Five or ten grains as a commencing dose, then two, three or five grains every three or five hours, will relieve the severest cases, in a few hours causing the spitting cephalalgia, lumbar and general muscular pains and nervous disquietude to vanish. On the whole it abates the fever and subdues the whole assemblage of perturbed activities that distinguish la grippe as no other agent, or combination of agents, has ever done, producing not a single unpleasant symptom and leaving no sequelæ. Quinine checks ague, digitalis energizes the drooping heart, ergot promotes uterine contraction, but their action is no more nearly specific than is that of antikamnia in its sphere of usefulness." In line with and supplementary to the foregoing, Hugo Engel, A.M., M. D., late Lecturer on Electro-Therapeutics Jefferson Medical College, and Consultant in Nervous Diseases at St. Joseph's Hospital, Philadelphia, says: "The remedy has become a favorite with many members of the profession. It is very reliable in all kinds of pain, and as quickly acting as a hypodermic injection of mor-

phia. It is used only internally. To stop pain five grains are administered at once; three minutes later the same does is repeated, and, if necessary, a third dose given three minutes after the second. If ten minutes after the third dose the remedy has had a decided effect, but a little of the pain be remaining, a fourth dose of gr. v. may then be administered. In 92 per cent. of all csses it immediately stops the pain.

The following is an excellent prescription in la grippe and painful bronchial catarrh :

℞ Antikamnia (Genuine)..... ....ʒ ij.
Mist. Glycyrrh. Comp..... ʒ iij.
F. E. Rad. Glycyrrh..... ʒ ij.
Vini Rubri Gall..... .....q. s. ft. ʒ vj.
℥. Sig. Two teaspoonfuls every three hours.

For whooping cough in a child four years old :

℞ Antikamnia, (Genuine)..... gr. xxxvj.
Divide in chart No. xij.
Sig. At night, one powder every fifteen minutes until three have been taken. Administer in dilute claret, or port or sherry wine.

As an antipyretic from gr. v. to gr. x should be given every ten minutes until the temperature has been reduced, or 40 to 50 grains have been taken, when the same dose is repeated at longer intervals, until the desired effect is obtained."

Tobacco and Cholera Germs.

It has often been asserted that the devotees of tobacco are remarkably exempt from cholera. After repeated experiments to ascertain the truth of these claims, the Hygienic Institute of the University of Berlin publishes the following conclusions :

Bacilli of cholera die through drying up on dried tobacco leaves even quicker than by drying up on glass, and in this condition they die in an hour on the average

On moist tobacco leaves the bacilli do not increase, and are killed after a short time.

The bacilli were not proved to exist in the samples of cigars manufactured in Hamburg during the prevalence of the epidemic.

Through the fermenting and drying processes which cigars must undergo before they are ready for shipment, the bacilli are killed after a short time, even when packed, by way of experiment, in the linen bands about the cigars.

Tobacco smoke checks the development of cholera bacilli, and is quickly fatal.

Miscellaneous.

Young Doctors Want Jobs—And Therefore Surgeon General Wyman is Asked to Oust Republican Surgeons.

WASHINGTON, Dec. 8.—Efforts have been made by a number of Senators and Representatives to secure positions in the Marine Hospital Service for young doctors from their States who, finding the road to fame in medicine hard and toilsome and patients few, wish to spend a portion of their lives in the employ of the government, where salaries are sure, if not exceedingly large. As vacancies are few, pressure has been brought on Dr. Wyman, the Surgeon General, to secure the enforced removal of a number of assistant surgeons now in the service, many of whom are Republicans.

Dr. Wyman, however, has announced that he will not make any removals for political reasons, stating that he believes that this service, on which the freedom of the coun ry from epidemic invasion depends, should be free from politics. He says he favors the retention of surgeons in the service who become more valuable with increasing experience. Where vacancies occur, however, from resignation, death or removal for cause, preference will be given, other things being equal, to members of the party in power in the national administration. It is understood that in this policy Dr. Wyman has the support of the Treasury Department and of Secretary Carlisle.—*Charlotte Observer.*

A Frenchman, by the name of M. Marcel Baudosier, during a recent visit to this country took occasion to take in the World's Fair, the California Athletic Club and other passing objects of interest and has come to the conclusion that "American constitution heads the list of American exhibits." He pronouuced New York the most debauched city of the two Americas. The Medical Record regrets that M. Baudosier did not stop in New York long enough to see the work of its hospitals and colleges, rather than spending his time in the night displays of the Tenderloin district. *Maryland Med. Jour.*

Fellow's Compound Syrup, of the Hypophosphites is a good and reliable preparation.

Intestinal Tenesmus (Colic.)

℞ Tinct. Valerian..... fℨss.
Tinct, Opii..... fℨj.
Dioviburnia..... fℨiv.
℥. Sig. Tablespoonful as required.

Delirium Tremens.

℞ Fl. Ext. Digitalis..... fℨj.
Chloral Hydrat..... ℈ij.
Neurosine..... fℨi.
℥. Sig. Tablespoonful repeated as necessary.

Perspiration of the Feet.

℞ Acid. Tannic.
Sennine.....aa ℨj.
Talc. Pulv..... ℨii.
℥. Sig. To be dusted upon the perspiring parts.

Laryngismus Stridulus.

℞ Neurosine..... fℨj.
Chloral Hydrat..... ℈ij.
Syrup Simp..... fℨiij.
℥. Sig. Teaspoonful every half hour or hours as required.

Neuralgia.

℞ Phenacetine..... ℨss.
Sach. Alb..... ℈j.
℥. F. pulv. Divide in dos. No. 10. Sig. One powder four times a day.
℞ Antikamnia..... ℈j.
Codein, sulph..... gr. ij.
Strychn. sulph..... gr. $\frac{1}{30}$.
Acid. Arnenicos..... gr. ⅛.
Ext. Aconiti..... gr. j.
℥. F. pil. No. 10. Sig. One pill every hour until relieved.

Otorrhea and Otitis.

℞ Marchand's Peroxide of Hydrogen,
Aq. destillat.....aa fℨij.
Sig. Syringe the ear carefully and when cleansed drop in a few drops of the following solution:
℞ Sennine..... ℈j.
Aq. rosæ,
Glycerin.....aa fℨss.
℥. Sig. Externally.

Amenorrhœa.

℞ Fl. Ext. Aloes..... ℨj.
Dioviburnia..... ℨviij.
℥. Sig. Teaspoonful four times a day.

Syphilis.

Among all the diseases that afflict humanity there are none accompanied by as many morbid processes and affecting so many tissues of the body as syphilis, and none equal it in the endless variety of manifestations. In its progress it imitates and at different times, assumes the livery of innumerable diseases of the kind, requiring on the part of the physician a profound knowledge of its pathology to trace it to the original lesion. Often the initial lesion has disappeared before the attention of the physician is called to the disease, or been hidden from view by its obscure lodgment, when the difficulties of diagnosis are multiplied, but by bearing in mind a few of the following features of the disease they may be largely overcome. 1st, a chancre with an indurated base un-auto-in-oculable, with multiple glandular involvment. 2d, a sharply limited round cell infiltration of the upper part of the corium and accompanying papillæ. 3d, an incapability of the cells for higher organization. 4th, retrograde changes of fatty degeneration and absorption or ulcerative degeneration, which invariably begin in the centre or oldest part of the infiltration. 5th, red and engorged fauces, with a tendency to development of mucous patches, and finally chronicity with a recurring proclivity of the eruption. There is also an absence of the subjective symptoms, such as itching or pain that attend other similar morbid processes. There are but few diseases accompanied by ulceration, and they are mostly lupus, lepra, epithelioma, varicose ulcers and syphilis. The first mentioned generally have special seats for development, or are at once recognized by their history and concomitants, so when ulcers are found in syphilis, by a process of exclusion, we can readily arrive at safe conclusions in diagnosis. The first lesions of the skin are small, superficial, abundant and in the upper part of the corium, with a symmetrical and general distribution, whereas, later lesions are deeper, larger, less numerous and more regional, resulting in graver injuries to the tissues when terminating in ulceration. The lesions of the skin appear generally in order as follows: 1st, macules; 2d, papules; 3d, vesicles; 4th, pustules; 5th, tubercles, 6th, gummata; but papules and pustules may be the first skin manifestations, while tubercles and gummata are always later lesions, accompanied by bone visceral, or nerve involvement. There are

three conditions that qualify the course of syphilis—the constitution of the patient, his hygienic surroundings and the virulunce of the poison. A scrofulous subject, an aged or very young person or one who indulges to excess in alcohol or irregularities of life will become the victim of its gravest form. Syphilis, like other diseases may be benignant or malignant. It may be so insignificant in its pathology as to require very little treatment, or it may be so malignant as to engage our most watchful care. The safety of the patient requires intelligent and persistent treatment as long as there is the least evidence of constitutional contamination. He should be as pliant as wax in the hands of the physician, or the physician, for his own reputation, should abandon the treatment. As soon as the disease is recognized, treatment should begin, both constitutional and local. Constitutional treatment should take the lead,—some preparation of mercury should be resorted to, and if it agrees with the patient, the protiodide is the best, beginning with 1 grain, three times a day, or as much as can be given without causing ptyalism. If griping and diarrhœa ensue add a little opium or hyoscyamus to the protioidide and continue this preparation of mercury until the eruption of the skin disappears, when the dose may be reduced until no more than ¼ of a grain is taken in 24 hours. The local treatment should consist of mild antiseptic, astringent and sedative applications to the chancre. Calomel, 1 part to 10 parts of subnitrate of bismuth may be dusted on the chancre two or three times a day, or a pledget of lint saturated with "black wash" may be used to advantage. Caustic applications should be avoided unless there should be some special indication for them, such as a phagedenic tendency. We find anemia in this disease very often a troublesome feature, in which case, it will be necessary to resort to iron in some form in connection with mercury, and when we can safely suspend the mercurial treatment as above outlined, to meet indications, as alteratives, restoratives and tonics, we have derived remarkable results from the exhibition of the "six iodides" as prepared by the "Walker-Green Pharmaceutical Co" of Kansas City. This preparation contains all the medicinal ingredients desired, in a most acceptable form, with the proportions definitely given in the formula on each bottle, so that it can always be intelligently prescribed. We have here iron, potash, magnesia, mercury, soda and arsenic combined with iodine,

and such aromatics as are calculated to render them palatable and efficient. Each one of the iodides in this preparation wields a power and performs a duty in the way of eliminating toxic material and restoring tone to the debilitated organs of a syphilitic, but that power is tenfold increased by the combination of this preparation. It can be given for an indefinite period without unpleasant effect. It may also be combined with other medicine indicated at any period in the treatment. It is not safe to discontinue treatment, or at least observation of the case, until one year has elapsed after the complete disappearance of every symptom of the disease. If at any time nervous or visceral complications arise it may be necessary to give in addition to the "six iodides," as much iodide of potash as the system can tolerate, to be withdrawn as soon as these conditions are eliminated. We should always bear in mind that we cannot trifle with this disease, as the interests of the patient may not alone be involved, but those of his offspring and society at large.—*Medical Era.*

The undersigned Chairman of the American National Committee of the Eleventh International Medical Congress has received the following communications from the Secretary General:

First. Papers to be read in any of the Sections of the Congress should be announced on or before January 31st, 1894, to the Secretary General, Prof. E. Maragliano, Ospedale Pammatone, Geneva, Italy.

Second. The title of the paper ought to be accompanied with a brief abstract of its contents and conclusions.

Third. The programme to be distributed will contain the titles of all the papers announced before August 31st, 1893, and since.

Fourth. The reductions granted by the Railway Companies months ago will be available from March 1st to April 30th, 1894.

In the interest of such medical men as will sail for Europe before official cards will have been received from the General Committee, the undersigned proposes to supply in as official a form as he thinks he is justified in doing, credentials which are expected to be of some practical value. It is suggested, besides, that a passport may increase the traveler's facilities.

Very respectfully,

A. JACOBI, M. D.

110 W. 34th Street, New York, Dec. 10th, 1893.

Marasmus.

A valuable formula in marasmus and other forms of wasting diseases:

℞ Syr. Hyphos Comp..... Ounces ijss.
Syr. Acid Hypodriodic (Hostelly's)..... Ounces ij.
Pepsin (P. D. & Co.'s..... Drams j.
Aquæ, q. s. ad..... Ounces vj.
℥. Sig. Teaspoonful after each meal in wineglassful of good porter or malt.

General Tonic for Females.

℞ Syr. Hypophosph. Comp. (Fellow's).
Dioviburnia.....aa fl ℥iij.
℥. Sig. Two teaspoonfuls half an hour before meals.

AUGUSTA BREWING CO.

LAGER BEER.

Doctors Recommend It.

Corner College and 4th Sts. B. L. WEDENFELLER,

CHARLOTTE. N. C.

The World's Antipyretic, Analgesic and Anodyne

EXCELLENT in La Grippe and all kinds of Headache. SAFE and SURE. Relieves Sciatica, Myalgia, Hemicrania, Typhoid Fever, and troubles due to Irregularities of Menstruation. WORKS LIKE A CHARM.

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AN ENTIRELY NEW COAL TAR DERIVATIVE.

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Maltine with Cod Liver Oil 1 6 f ℥
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Oil of Lemon ..... 12 m
Oil of Bitter Almonds ..... 8 m
M. Triturate. Add Creasote gradually.

MALTINE WITH COD LIVER OIL,
(30% Oil, 70% Maltine,)
Effectually disguises the disagreeable pungent taste and odor,
Obviates regurgitation or derangement of digestion,
Retains full-

Pancropeptine.

(V. P. Co.)

FOR INDIGESTION AND MAL-ASSIMILATION.

Pepsin, - - - -	10 parts.
Pancreatine, - - - -	5 "
Acid Lactophosphate of Lime (Soluable), -	5 "
Exsiccated Extract of Malt, : - -	10 "

This Preparation combines the digestive and assimilative properties of Pepsin and Pancreatine with the nutritive properties of Extract of Malt and the brain and nerve strengthening [illegible] of Acid Lacto-Phosphate of Lime.

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The Acid Phosphate is far superior to the nitro-muriatic acid of the pharmacopœia, in that it serves to assist digestion, and promotes in a marked degree the healthful action of the digestive organs.

Dr. O. G. Cilley, of Boston, says: "I give it in all cases where there is derangement of the liver, with the most remarkable success. With my patients it has agreed wonderfully."

Send for descriptive circular. Physicians who wish to test it will be furnished, upon application, with a sample, by mail, or a full size bottle without expense except express charges.

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Chemical Constituents. { INODOROUS and NON-TOXIC Succedanum for Iodoform. A definite chemical product of known therapeutic value.

An Oxy-Iodo-Methylo-Analide.

Physical Properties. { An impalpable white powder, anaesthetic, slightly astringent, and of acid taste, unaffected by light or heat; will not decompose under action of metallic oxides, salts of murcury or alkalies.

Therapeutic Properties. { Aseptic, antiseptic, germicide and a powerful cicatrizant.

Sample sent free of charge to physicians on application.
We also prepare Iatrol Moist Gauze 10 per cent., in yard and five yard jars.

CLINTON PHARMACEUTICAL CO.
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Dr. Chas. Gatchell, of Chicago, in his "*Treatment of Cholera*," says: "As it is known that the cholera microbe does not flourish in acid solutions, it would be well to slightly acidulate the drinking water. This may be done by adding to each glass of water half a teaspoonful of Horsford's Acid Phosphate. This will not only render the water of an a id reaction, but also render boiled water more agreeable to the taste. It may be sweetened if desired. The Acid Phosphate, taken as recommended, will also tend to invigorate the sys'em and correct debility, thus giving increased power of resistance to disease. It is the acid of the system, a product of the gastric functions, and hence, will not create that disturbance liable to follow the use of mineral acids."

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Mathushek Pianos, the Favorite of the South.

Sterling PIANOS / ORGANS { Pure and sweet in tone. The cheapest instruments on the market for the money.

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No Leather to become hard and stain the Linen. Made of Silk Elastic with Sateen Jean Trimmings. Never fails to give perfect satisfaction, even in the most difficult cases where any instrument can be used. DIRECTIONS FOR ORDERING.—Give circumference of Abdomen two inches below navel, and state if for Prolapsus, Anteversion or Retroversion.

Fig. 4.

Fig. 1.

ABDOMINAL SUPPORTERS.
DIRECTIONS FOR MEASUREMENT.
Give exact circumference of body at K, L, M.

PRICE TO PHYSICIANS:
SILK ELASTIC, $2.75. THREAD ELASTIC, $2.00.

☞Never fails to give perfect satisfaction, and is very comfortable to the patient. It is indispensable for women during pregnancy and after confinement, as it prevents those bearing down pains which are experienced during gestation. Goods sent by mail upon receipt of price, or by Express C.O.D. charges for returning money added

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Pencil, Watches, Diamonds, Gold Headed Canes or Umbrellas, Rings, Pins, Charms, Chains, Thimbles, Bracelets, Necklaces, Silver Ware, Knives, Forks, Spoons, Studs, Collar and Cuff Buttons, Pocket Books and Card Cases, Spectacles and Eye Glasses, or anything kept in a first class Jewelry Establishment, write or send at once to

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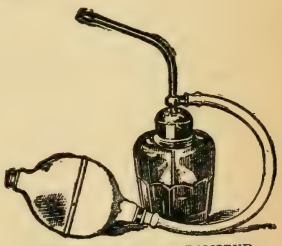

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For further information address 1728 K Street.

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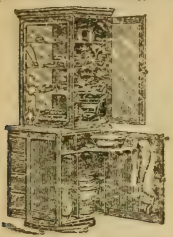

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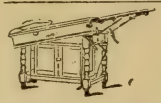

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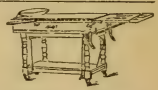

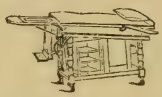

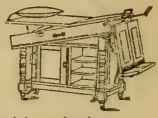

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YOU PAY 50 CENTS AND NOT GET AS GOOD.

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Is the Best Tonic, Diuretic, Eliminative and Solvent of Uric Acid.

1. Because it is the softest and purest water known, containing no excess of mineral salts and no lime or organic impurities, being therefore non-irritating to the digestive organs and kidneys.

   Dr. G. THIN (British Medical Journal. vol. ii, 1891, page 91) states that the consumption of water containing lime brings about the development of gouty conditions; no doubt it acts in the same way as the contamination of the water by lead.

2. Because it contains Iron in combination with the alkalies, Sodium and Potassium in small quantities, as recommended by Profs. Flint, Thomson, Draper and others.

3. Because it comes from a region free from malarial germs.

4. Because all its mineral salts, and five of them in the exact form given in its analysis, are found in the human blood, of which they form a most essential part.

Analysis.—Each gallon contains:

Carbonate of Iron	1,100 grs.
Oxide of Iron	0,310 "
Chloride of Sodium	1,000 "
Sulphate of Soda and Potash	0,310 "
Carbonate of Soda and Potash	0,831 "
Carbonate of Magnesia	1,230 "
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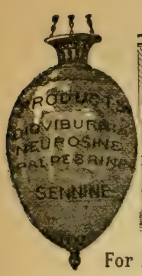

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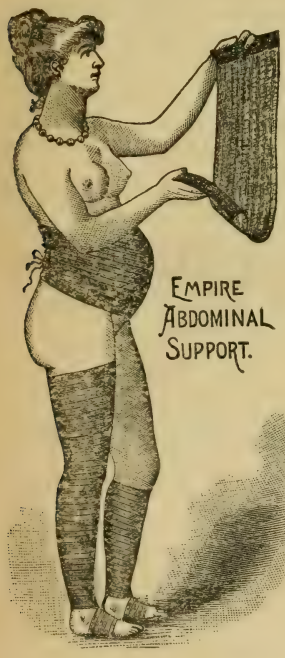

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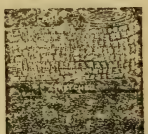

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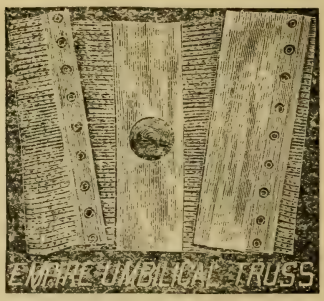

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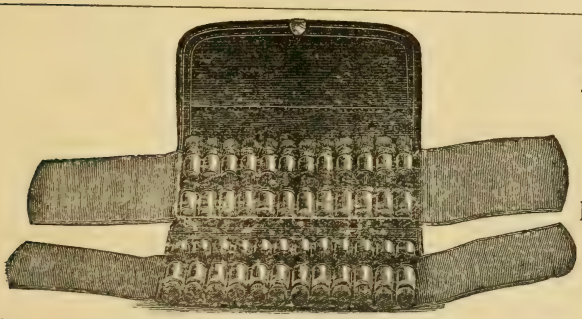

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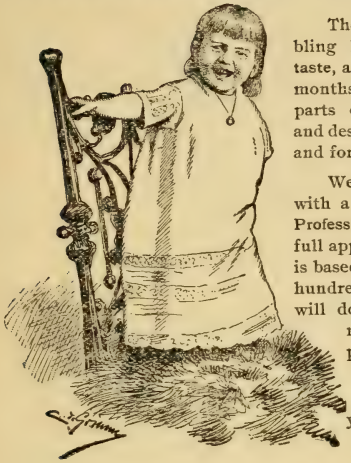

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This is one of the few happy combinations, of whose therapeutic value the Physician has always been convinced. The *ELIXIR OF SIX HYPOPHOSPHITES* is not only made from chemically pure salts, but is *pleasant* and *agreeable* to the *taste*, and is most *reliable* and *efficient* in its *action*. This remedy has had a high reputation in *Scrofulous Diseases* and *Defective Nutrition* of the *Nerve Centers*, furnishing *Phosphorus* to the Tissues, thus acting as a *Nervous Stimulant*. As a *Nutrient* and *Restorative* in *Pulmonary Consumption, Bronchitis, Asthma, Dyspepsia, Nervous Exhaustion, General Debility* and *Chronic Wasting Diseases*, it cannot be overestimated, and for the restoration of feeble and exhausted constitutions, whether occurring in infancy or old age, is invaluable.

ELIXIR SIX APERIENS

A *PURE LAXATIVE* made from the fresh-selected Drugs, Suitable for all ages and conditions in Removing Constipation.

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Each fluid ounce (with Aromatics) contains:

Rhamni Purshiani Cortex (Cascara Sagrada) grs. XXX,
Podophyllum Peltatum (May-Apple) grs. XXX.
Taraxacum Officinale (Dandelion) grs. XXX.
Juglans Cinerea (Butternut) grs. XXX.
Cassia Acutifolia (Alexandria Senna) one drachm.
Potassii et Sodii Tartras, (Rochelle Salt) one drachm.

There are few disorders that cause so much mischief as CONSTIPATION. The ELIXIR SIX APERIENS is recommended as a *pleasant, efficient* and *trustworthy* remedy for *obstinate constipation* of the Bowels and the Diseases which attend it, as *Headache, Flatulence, Piles, Liver, Stomach, Intestinal* and *Uterine Troubles*, and the MANY OTHER AILMENTS which the physician can trace to *FÆCAL RETENTION*. Amongst the many advantages this Elixir has, it does not tend to leave the Bowels in a confined state, but Strengthens the Muscular Fibres of the Intestines, thereby producing permanent benefit upon the Peristaltic Action of the Bowels. The tendency to griping and nausea produced by the ordinary Cathartic is overcome by this elegant Pharmaceutical Preparation which MOVES THE BOWELS GENTLY WITHOUT PAIN OR OTHER INCONVENIENCE. We attribute its mild and efficient action on the Bowels to the *combination* of the Six well-selected Laxatives.

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℞ ELIXIR SIX original bottle—(*Walker-Green's*)

Druggists will please write directions on their own labels.

A full size bottle of either Elixir will be sent to any Physician by express prepaid on receipt of $1.00.

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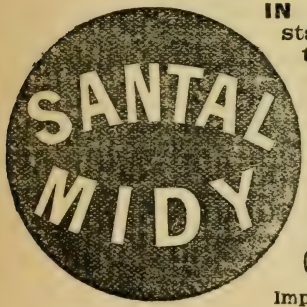

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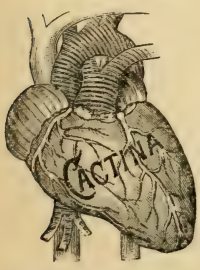

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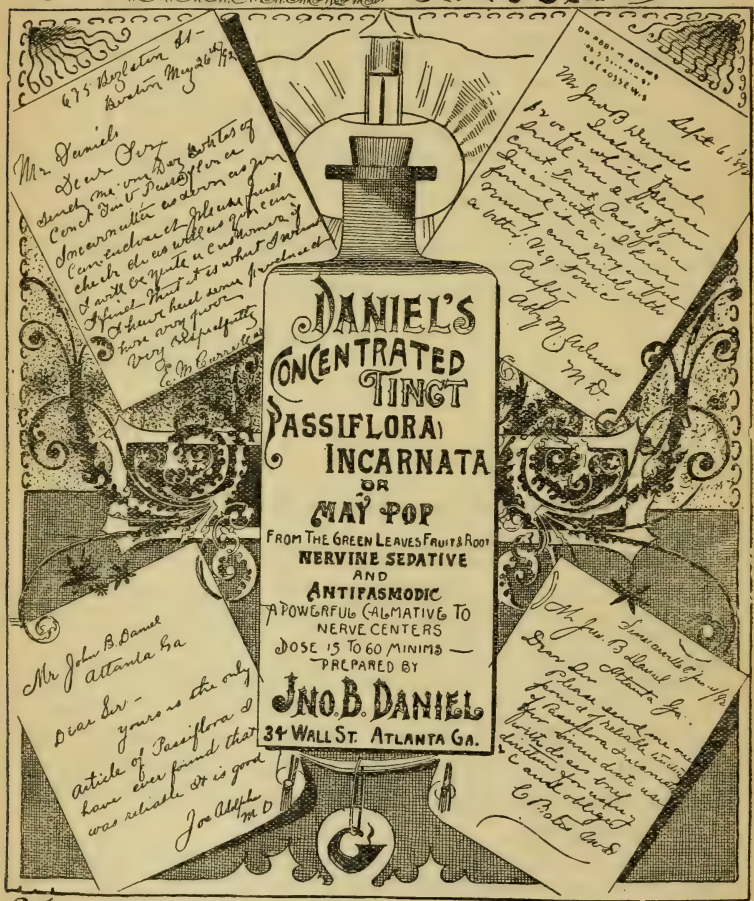

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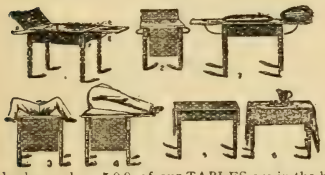

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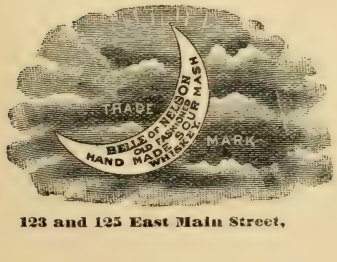

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Charlotte Medical Journal.

VOL. IV. CHARLOTTE, N. C., FEB. 1894. No. 2.

Original Communications.

Hyperplasia of the Uterus.

BY DR. ANNIE L. ALEXANDER, OF CHARLOTTE, N. C.

Written Expressly for The Charlotte Medical Journal.]

Hyperplasia of the uterus is the second stage of chronic parenchymatous metritis; the gynæcologist does not so often see the first stage, hyperæmia, which soon passes into hyperplasia and on to sclerosis, if it is not successfully treated.

Hyperplasia is one of the most important of uterine diseases. About 50 per cent. of women presenting themselves for local treatment, shows chronic metritis in one of its stages, and hyperplasia is seen in a larger per cent. than the other two stages, hence its importance.

The causes are two-fold: 1. Those conditions which interfere with the normal involution after term or after abortion, namely, laceration of cervix, retention of pieces of placenta, membranes, blood clots, metritis or parimetritis, after parturition, too early rising after labor or abortion. 2. Those conditions which produce continued hyperæmia, namely, chronic endometritis, cervical or corporeal, or both, versions and flexions, pressure from abdominal and pelvic tumors, frequent and excessive coitus, avoidance of pregnancy, constipation, tight lacing, faulty postures of body.

Chronic endometritis may be of long standing in the nultipara, and not result in hyperplasia; not so in the multipara. The different result is due to the difference in the parenchyma in one firm and resisting, the other soft and yielding.

Hyperplasia may involve only one part of the uterus; the neck or body or only one wall or anterior or posterior lip of cervix. When only the posterior wall is involved, it may be mistaken for fibroid infiltration. There is a preference for the posterior wall which seems to be due to the fact that the placenta is more fre-

quently implanted on that part and the risk of a consequent delay in involution of that part; and also to the fact that posterior displacements are the most frequent after parturition.

None of the symptoms are pathognomonic, none that belong exclusively to it. The most common symptoms are sensations of weight and dragging in the pelvis, aggravated by standing, walking, approach of menstrual period. There is pain in the uterus, due to structural changes in the parenchyma, causing pressure upon the nerves, radiating to the back, ovarian region and distant parts of the body. Urination is frequent and painful from pressure of the enlarged uterus upon the bladder; this is sometimes one of the most annoying and painful of symptoms. Constipation is frequently present; the enlarged and perhaps retroverted uterus making a mechanical obstruction. Endometritis is present, as a rule, giving rise to leucorrhœa.

In the early stage, when hyperæmia is the pathological condition, the menstrual flow is apt to be prolonged and too frequent; as the disease progresses, the uterus becoming harder and denser, the flow diminishes, becomes scant and finally may cease altogether.

Congestive dysmenorrhea is a frequent accompaniment, dull aching pain in uterine and ovarian regions; it is usually relieved when a free flow is established. All these symptoms are more pronounced when there is displacement and the disease is in the body instead of the neck.

Hyperplasia does not prevent pregnancy, but abortions are apt to follow, each abortion increasing the original trouble. If gestation goes on to term, labor normal, and prolonged careful attention is given to the case, much can be done to improve the diseased condition.

The general symptoms are those of the disturbed functions of the digestive organs and nervous system. Hysterical symptoms are often present in every degree and form. Some women suffer more with nervous and congestive headaches than with any other symptom.

After passing from the stage of hyperæmia to hyperplasia, the uterus is still sensitive, becomes hard and dense, and the enlargement is marked. Owing to the enlargement the uterus is frequently found low in the pelvis; or it may be anteverted, but more frequently retroversion is the displacement found; the os is patu-

lous; where there is laceration of the cervix the os is quite open, admitting the finger to the internal os.

The sound shows increase in depth of the cavity measuring from 3 to 4 inches. This exploration is followed by a dull, aching pain. If endometritis is present, which is usually the case, there is apt to be a sharp pain elicited as the sound passes the internal os followed by a drop of blood.

If there is much induration, especially of the cervix, it may be mistaken for cancerous infiltration. One such case I recall: A woman, 45 years of age, the mother of several children, presented herself for treatment. The uterus was low in the pelvis; the cervix was lacerated, hard, dense, enlarged to such a degree that it nearly filled the vagina, covered by an extensive erosion. The disease was confined to the cervix. The woman was about to be subjected to hysterectomy for carcinoma. After frequent consultations it was decided to wait awhile and see what treatment would do, as there was a diversity of opinion on the case. The result was she got well without hysterectomy. The lacerated cervix was repaired later.

Spiegelberg has given a method of differential diagnosis valuable in these cases. It is this: 1. "The mucous membrane in a cancerous growth, is connected firmly with the underlying induration and immovable over it, which is not the case in mere hyperplastic thickening and induration." 2. "The latter (hyperplastic induration), under the pressure of a compressed sponge in the cervical canal, becomes regularly, looser, softer and thinner; the cancerous infiltration remains unalterably hard and rigid and cannot be stretched."

The prognosis is influenced to a great extent by the portion of the uterus affected, also by the possibility of removing the cause of the hyperæmia. When the disease is confined to the cervix the prognosis is most favorable, from the fact that the disease is more easily combatted where it can be brought directly under the local treatment. Where the cause of the hyperæmia cannot be removed as chronic cardiac or hepatic disease or pelvic or abdominal tumors, the symptoms can only be ameliorated. There are two things to be thought of in the treatment: 1. Remove the cause of congestion. 2. Improve the pelvic circulation. The treatment is general and local.

Rest in every sense of the word is to be enforced. Stop dancing, horseback riding, carriage and street-car riding, going up and down stairs, running the sewing machine. Coitus will in many cases increase the pain and discomfort and should be abstained from entirely. Avoid excitement and worry. Have the patient lie down a few hours in the middle of the day. Walking short distances in the open air every day is beneficial in the majority of cases. An entire change of surroundings is often of great advantage. The clothing should be worn loosely and be as light as consistent with warmth. Leave off the corset entirely and support the clothing from the shoulders. An abdominal supporter, lifting the viscera off of the pelvic organs, is beneficial. High-heeled shoes, which distort the body relations, should be rejected. There should be daily free evacuations of the bowels. The local treatment will be given in the report of the following cases:

Case 1. Mrs. B, aged 25. Has had five children; the eldest not yet seven years old, the youngest 3½ months. Has not been well since birth of second child, and gets worse after each birth. Has not been free of back ache in four years, has a constant dragging weight in pelvis. Since the birth of the last child, suffers so she can get about the house only with great pain; a walk of a hundred yards puts her to bed. Neuralgia of intercostal nerves, that indescribable feeling in the top of head, with pain which I might say is pathognomonic of uterine displacement.

Examination shows a hard, dense uterus, neck and body, measuring 3¾ inches, very tender, retroverted large erosion of cervix, cervical catarrh. Treatment: After clearing the cervical canal, it was thoroughly painted with tinct. iodine, carried through the internal os. The whole cervix and vault of vagina was also painted. Tampons of cotton, saturated with—

℞ Boroglyceride (Merrill & Co.'s, 50% solution) . . ℥j.
Alum . . . . . ℥iij.
Glycerine . . . . . ℥iv.
M

—were packed around the cervix, lifting the retroverted uterus. This is allowed to remain 24 hours, followed by a hot vaginal douche, also a hot douche before the treatment. These applications were made three times a week. For the neuralgia she was given 10 drops of tinct. gelsemium three times daily. As a uterine tonic she was given Ponca Comp. one tablet four times a day, with Aletris Cordial ℥j three times a day.

After three months' treatment the patient reports herself as better than she has been in years, is able to walk where she pleases, rides six miles with very little fatigue. The uterus measures 3 inches, is in normal position, and not tender. She is still under observation, but not under active treatment.

Case 2. Mrs. M, mother of one child, three years old. Has never been well since his birth; dull dragging pain in pelvis, backache almost constant, a peculiar pain in top of head, general bad feelings, dysmenorrhea. Examination shows a hyperplastic retroverted uterus. The Tinct. Iodine and Boroglyceride treatment was used for four weeks, when a pessary was fitted which holds the uterns in the normal position. The hot douches were ordered to be used daily. One month afterwards, patient reported herself as comfortable.

Case 3. Mrs. J. M, has been suffering since the premature birth of her child, twenty years ago. Examination shows hyperplasia of cervical portion of uterus with general endometritis. The uterus very tender, the slightest jar produced a sharp pain. The cervix was thoroughly dilated by a sea tangle tent; the uterine cavity painted with Compound Tinct. Iodine, and the tampons saturated with Boroglyceride solution were used. A few treatments brought relief. The cervix did not return to its normal size. This patient had been treated by several physicians with only partial relief. During five years she has presented herself to me four different times for treatment. This treatment always brought relief quickly. The Boroglyceride mixture relieves the congestion by drawing large quantities of water from the tissues—improving at the same time the pelvic circulation. The hot douches, as a rule, are of great benefit, although in two cases recently I have seen erosions of the cervix result from it.

Case 4. Mrs. H, dates her trouble from birth of last child, six months old. A hyperplastic retroverted uterus was found on examination. Tampons were used, one posterior to cervix saturated with a 10 per cent. solution of ichthol on glycerine, anterior to cervix was placed, one covered with equal parts belladonna and iodine ointments. The first application relieved the dull pain; the best results were obtained only after resorting to the Boroglyceride solution.

"A Clinical Study of Various Antipyritics and Antiperiodics."

By Dr. Archer Atkinson, No. 2101 Maryland Avenue, Baltimore, Md. Late Professor of Materia Medica; Ex. Professor of Practice of Medicine; Member of the Baltimore Microscopical Society; Ex. Member of Medico Chirurgical Society of Maryland; Ex. Member of Maryland Academy of Science, and late resident physician to the Greenbrier White Sulphur Springs, W. Va.

Written Expressly for the Charlotte Medical Journal,]

By fever we mean a morbid elevation of temperature in man, constituting increased warmth of all parts of the body, attended with many nervous phenomena, as restlessness and more or less pain. The fever may be traumatically caused; may be the result of malaria, as in intermittent, in remittent, yellow fever, in the pernicious fever of Chagres, of Africa, of the contagion of scarlet fever, from ship (typhous) fever, as from the black hole of Calcutta, on ship board, in the filthy jails of olden times, from indigestion, or from intestinal ferments as in typhoid (Enteric) fever and malignant dysentery and in the fermentive diarrhoea of cholera and cholera infantum.

Fever remedies are variously known, as Febrifuge, antipyritics, refigerants, cooling agents and febricides. Thomas cites the principal febrifuges (antipyritics) in the order of their supposed activity, beginning with cold baths, cold affusion, or wet pack; alcohol and diaphoretics, quinine, digitalis, aconite, etc. In hospital service most of the mechanical methods of reducing temperature can be resorted to, but in private practice we must avail ourselves of the medicinal aids to bring down the abnormal heat of the body. In man health requires an uniform temperature of (98.6° Far.) as normal, and any departure below or above that figure represents chilling or depression, if below, and above that degree is a febrile condition, both being abnormal; the greater the elevation the higher the fever, not a chemical combustion of tissue only, but an increase of nervous excitation, and the methods we adopt to maintain the temperature at the normal would express our meaning of antipyresis or the antipyritic means of treating fevers. Cold in many forms is the chief agent to attain this end, but we cannot with ice, cold water or freezing mixtures reach the organs affected; yet we have some drugs which more or less possess this power. To these we may add Tartar Emetic, Cyanide Potassium in very minute doses, and all the Saline aperients and diaphoretics.

Diuretics aid us in determining from the skin the hot secretions and in sluicing the kidneys with the increased urine charged with the elements of febrile debris.

Warmth is a necessary condition of animal existence, differing in various animals, except man, where it must remain at 98.6° Far, or distress occurs, and the temperature in all animals remains about the same in winter and in summer irrespective of surroundings. Healthy warmth in animals is the result of healthy oxidation and this occurs in all the tissues of the body, especially so in the lungs, in the glands and in the bloodfluid itself; all animals thus gain and lose heat; and so with plants to a feeble extent. But warm blooded animals (mammals) cannot long exist with any great extreme of temperature. Mammals maintain a temperature warmer than that about them (aerial); in man 98.6° F. In the sparrow we have a temperature of 111° F; the oyster has 82°; the hog 105°; the sheep 104°; the porpoise 100°; the rat, cat, fox 102°. All animals possess this power of maintaining an equable temperature within themselves.

The blood coursing the veins of the Esquimau retains the same warmth at all times, and yet he breaths an air which freezes the mercury in the thermometer within his hut; and in torrid countries, though the air about him registers 115° F., the temperature of the Hottentot's blood is but 98.6° F.

The blood and respiration, are the sources of man's natural warmth and any excess in these brings discomfort and disease.

The heart sends 10 lbs. of blood through the arteries and veins at each beat, and it beats four times while we take one breath, and every extra 10 beats of the heart beyond the normal standard in the adult, say 76 per minute, give one extra degree of temperature above the normal, and in man a continued pulse over this number means extra heat and a cause for it, and if this cause goes on increasing we soon find evidences of distress and fever.

Temperature slightly above the normal need give us no great anxiety and it is always thus in colds, and in the catarrhal attacks of children, and in examinations for Life Insurance, few of the companies have any blank for temperature. It is insisted on however, in some and yet no physician would think of recommending an applicant with the heat found to increase with the afternoon exascerbations of Phthisis. Nor need we usually trouble our-

selves for a transient increase of one or two degrees, but only to watch and see that these rises do not *recur* each day and finally increase from one to three, four and five degrees, and thus develop from a simple Ephemeral into a genuine Typhoid fever.

Dr. Lawson, late Surgeon General, found that in the Northern section of the United States, one case of remittent fever died in every 54; in central section 1 case died in every 38; in Texas one died in every 75; in Florida one died in every 257.

During the building of the Panama Railroad, eighty-two thousand persons died from malaria in all its varieties of fever. In paludal countries the great heat attending malarial fevers is the most distressing symptom, though we often find neuralgia recurring each day or each second day with little or no rise in temperature, but the patient suffering excruciating pain at stated hours in *the day* chiefly; indeed with such certainty of periodicity as to have given this form of neuralgia, the name of "sun-pain," because being mostly present during the day, often returning just after sun-rise and leaving or abating toward night and following this course until broken up by free doses of some antiperiodic, perferably quinine, yellow jassimine, black pepper, arsenic or chloroform—which last is highly regarded in Texas as antiperiodic.

Pain is one of nature's laws, just as death is the closing out of the life process, and it is in flesh only that we know such feelings to exist, though in the Mimosa plants we have a close resemblance to this sensibility. Pain is an evidence of distress, whether from an open wound, a bruise, a sprain, a dislocation or a fracture; pain too may result from loss of temperature as in the pain attending the chilling of rheumatic or neuralgic muscles, and during the paroxysm of an argue, as well as of increased heat, as in the fever following this same ague and in rheumatism and most forms of grippe. And he who gives to the world a *safe* and *efficient* pain-killer will deserve to have his name inscribed beside those of Harvey and Jenner.

Healthy nerve supply is harmonious and content with its surroundings, and departure from this means pain, chlorosis, anaemia, nerve-starvation, nervous prostration and imperfect nerve action. Nerve disease indicates change in nature which is responded to by mourning and plaints unless it be the result of malarial influence,

when we find more of inordinate heat than of pain, unless it be of the neuralgic kind.

Diseased nerve is morose and complaining, ill-contented, and commonly neuralgia is the cry of the cold and hungry nerve for food and warmth, or from inflammatory condition, or traumatic injury and this condition is often preceded by languor and fatigue in all the tissues of the body. One hungry, cold and painful nerve, however small, disturbs the organism and this we may illustrate by the agony produced by a filling in a tooth whose nerve is still sensitive. Hunger and coln in extremis form the cry of pain from head to foot, until pain runs into disease and it into paresis or full paralysis ensues—it is the border line of death. Healthy blood is the life of the organs and warmth and action the natural results; brain, spinal-cord, nervous ramefications, all must be supplied to the full degree of nerve food or they dwindle and slaken in their motor functional powers and *starving* anaemia of the blood means *starved* anaemia of brain, marrow, muscles and of the body generally.

Water forms ¾ of the earth's surface and is the great component of our tissues and is the solvent and the cooling portion of the body and the whole frame may be athirst in fever as well as a-hungered in pain, and even the brain is said to contain 80 per cent. of water, with a small proportion of saline elements which should make up the very quintessence of thinking material, as albumen, phosphorus, in the phosphatic salts and oily matters—we know that 9 per cent. of brain matter consists of albumen, phosphatic matters and yet *that small* per centage *must* be supplied in their full integrity, else the brain is imperfect, and man sinks to the level of the plant. Water treatment forms in some establishments the main plan of treating diseases, and we resort to it in the form of cold douches, cold baths, plunge, sitz, shower and needle baths, and in cold packing, in subduing the heart of fevers. Cold applications are useful in all forms of bruises, especially about joints, such as sprains and partial dislocatious, and are much liked by many physicians in all forms of Pyrexia. If we are to use cold it is well to discriminate and use the cold pack in cases attended with much prostration as the cold plunge bath causes great shock. The ice water coil is a decided depressor, and often too powerful, and except in hospitals inconvenient In severe in-

flammation of a joint and in Peritonitis it will prove useful where watched by the physician to see that not too much depression follows. The trouble about all cold applications is that unless continually kept up the capillaries again expand and we have our work for naught; Dr. Ringer says: "He has saved many lives by the prompt employment of the cold bath." To an inflamed and swollen joint from a sprain, as the ankle, nothing is more agreeable than a continuous shower of cold water from the hydrant or the hose, and in the great heat of summer a stream of cold water from the spiggot over the hands and wrists serves to cool off the general heat better and with far less risk than a cold bath. In cases of measles and scarlet fever we find the warm pack of service when the eruption is retarded, attended with great heat and nausea, the sheet being allowed to cool down by degrees. In some cases of sun stroke nothing relieves like sponges of ice water to the face, head and arms, but ice cold measures are as much to be avoided as heroic doses of synthetical antipyretics, quinine being probably the only antipyretic which we dare use *heroically*, and even it does harm often by the super-excitation and cinchonism it leaves behind. This though is safer than the extreme prostration and even cyanozed condition following unreasonable doses of antipyrine, phenacetine, acetanilid, Tartar Emetic, Aconite and Veratrum.

Quinine is the recognized febrifuge of the world, but to be effective, it must be given freely. Small doses do only good as a tonic, and to give it in large doses is apt to upset the stomach and confuse the head, indeed some will not take it. In the South and in many points West it is idle to expect to break up a paroxysm of ague and fever, or of remittent fever or of periodic neuralgia, with less than 24 to 30 gr. given between the paroxysms and the sulphate even in the Yerba Santa or the Licorice syrup will often cause nausea and disgust. Just think of using quinine as DuChaillu reports, who during his four years stay in Africa had fifty attacks of African fever. When his quinine gave out, he found the next best thing was Arsenic. He says pernicious fever mostly attacks the robust, proving fatal in 24 to 36 hours. He says from 60 to 120 grs. of quinine are *required a day* to break up the fever. And the Rev. Mr. Shepherd in his lectures on "Darkest Africa," tells of the rapidly pernicious effect of the African fever in the Congo country, lasting *but two days*, and causing

a rise in temperature to 108° and 110° Far., and that after the use of a brisk purge of Calomel and soda, quinine in 20 grain doses is given every two hours until the head rings like a thousand sleigh bells. Some years ago we gave Cincho-quinia in place of quinine sulphate, but we rarely see it now. The nearest approach to it is the tasteless syrup of quinine or Febriline. Febriline is known as the tasteless Syrup of Amorphous Quinine, (Lyon's) which in the writer's experience has proved an acceptable antiperiodic and tonic, in that it is reliable, as giving the effects the physician looks for when he prescribes it, and that it is free from all the objections of the ordinary sulphate of quinine as to its taste and its non-likelihood to produce nausea. It often, is perhaps the only form of quinine (being the amorphous alkaloid), which can be taken pleasantly by children and which will respond to the full action of the sulphate and the bi-sulphate. The writer is fond of using it in children, and in cases of remittent and intermittent fever where, owing to irritable stomach, idiosyncracy of taste or to the duodinal irritation and jaundice so common in malarial troubles, we would otherwise have our hands, as it were tied, for want of some perfect quinine preparation, for say what one will the synthetic (coal tar) preparations, while they reduce the temperature of fevers, cannot as a rule *alone* be depended on to *anticipate* the periodic attacks of chills, fever, or neuralgia. We have a few certain facts in medicine among which are that true quinine will break up a paroxym of malaria; that Arsenic will cure many forms of chronic scaly skin diseases, and that opium will afford relief to pain, even though it shall bring on worse consequences in the end.

Salol reduces bodily heat and eases pain, but is chiefly combined with phenacitine and when used alone it is given *more* to cleanse the intestinal canal and to lesson the irritation in typhoid fever from the acrid secretions and to destroy the germs in cholera infantum, as well as to arrest fermentative process and accumulation of gas in the bowel. Salol lessons the frequency and fluidity of the stools in diarrhœa and dysentery, and should prove a useful antiseptic in the early stages of cholera, just as corrosive sublimate (says Dr. Lavanchet) is non-poisonous, but useful in the pathogenic ferment and in reducing heat.

Nearly all the coal tar preparations are analgesic in neuralgias, being less active but less dangerous than opiates; nor, as far as we

now know, does the system become injuriously inured to them. They all show efficient action in relieving the pains of dysmenorrhœa and in that particular exceed the claims of chloral. We feel much comfort in being able to alleviate pain *without* the risk of impaling on our patient a growing habit which in the end becomes worse than the disease. As a rule children stand the coal tar preparations well. Digitalis reduces temperature, and increases the flow of urine, but Dr. Murrell says it is not unattended with danger.

Saline aperients are effective as antipyretics, cooling the system and exciting the absorbents by reducing the watery contents of the blood vessels. We have a choice, such as the Tartrate of Sodium and Potassium. We here fill two indications, lessening the rich plastic serum of the blood and thereby reducing the temperature. It is known that saline purgatives act better where we strive to lesson the tendency to apoplectic seizures, by giving small doses, say 1 dram every few hours largely diluted, than when we give one full hydrogogue purgative and then stop the medicine. In such cases we can give this or the magnesian sulphate, with the effect of lessening heat in fevers and of averting the pressure or even hœmorrhage on the brain, on which the likelihood of apoplexy depends. The same is true of the Potassium Bi-Tartrate, which is aperient and diuretic, and we thus see what increased destruction through both blood and kidneys follows the repeated administration of this last salt, being purgative, cooling, blood-destroying and diuretic. If we adopt this plan of subduing temperature and of attenuating the blood, as in reducing fat people, we must not forget that danger lurks in the process. Here we destroy without chance of keeping up the strength of the system. In fevers we wish to keep down heat and excitement and to lessen the pains attending the inflammatory process. We wish to remove the stimulus of rich blood and full vessels and lessen the activity of the heart in rheumatism and in pneumonia especially; yet we also wish so soon as this reduction is effected, to leave the patient with as much strength as possible. By the saline purgative plan we abstract from the blood vessels their elastic tone, from the heart the stimulus it needs in health and abstract from the intestines their support and warmth, leaving them in the condition of a cholera patient. The skin shrinks, and the eye and cheek become

shrunken, not to regain their plump condition for a long time. This destruction of blood, if carried too far, conduces to chills, dropsy, anaemia, marasmus and neurosthenia, with an attenuated state of the blood which leaves no power to sustain the brunt of inflammatory diseases. This recalls the case of a lady of full proportions who was anxious to become slender. She took the so-called Anti-fat (thirteen bottles, I think, for ten dollars). This she took all summer and fall. In January she was seized with a pneumonia, attended with unaccountable debility and succumbed. The writer did not attend her, but had suggested that she desist from this reductio ad absurdum, as it proved to be.

When we have a case of sthenic pneumonia or acute rheumatism we attack the condition with alkalies and saline aperients, expecting to reduce temperature and cut short the violence of the attack, calling to our assistance the vegetable sedatives, aconite, veratrum, or gelsemium and quinine, as we think will suit the indication. Tartar emetic has the combined action of the saline purgatives and of the vegetable heart-sedatives, but we soon learn to discard it as too depressing. One of the features in the treatment of fevers and of inflammatory affections in the French Hospitals consists in the diet to which they attached such importance, *low* in every particular. It was "Tisanes" in all cases. Prof. Bouillard, so famous as an accurate diagnostician, bled *profusely*, and then kept his patients on meagre diet. He said he throttled the inflammation in the bud; indeed, the diet was so *attenuated* that the rice soup scarcely recognized itself unless some sainted sister had seen it put in. Such cases speedily reached their stage of convalescence, though this was prolonged by the previous heroic treatment. In malarial countries this plan would be certain death—indeed so it was years ago. It does in moderation in mountain countries, but now we have a more pleasant and effective mode of reducing temperature. It may not be saying too much to assert that many cases of fever would go on to recovery by close attention to *diet*, that is, cutting off the supply of nitrogenous food, during the *acute* stage and *gradually* renewing it after the inflammatory symptoms shall have subsided, the patient having only to remain in bed and feed up during his convalescence.

Grippe for the past two years in this country has been epidemic and presented many phases, attended with elevated temperature,

severe pains in the back and limbs, the most robust in severe cases becoming feeble without apparent reason. They, in many cases, breath with pain and feel as if being torn to pieces, often with but little cardiac excitement. The back suffers as in the early stages of small pox and along the intercostal nerves we often find violent pain. Some manifest delerium and most of them presented all the signs of Dengue. One man especially, aged 21 years, presented many of the signs of mania a potu, and whose excitations were brought down by means of saline aperients and free doses of antikammia. This so called grippe is the winter epidemic of France, where the temperature is usually like our early December. In this trouble one of the symptoms is the enfeebled action of the heart, calling for the avoidance of all depressing agents, as bleeding, tartar emetic, phenacetine, etc., and suggesting such supporting remedies as quinia, antikammia, whiskey, ammonia in some form, digitalis, strophanhus or nitro-glycerine. We have found an excellent combination to consist of the comp. tincture cinchona with antikamnia, say :

Tincture Cinchona Co
Syr. Simplicis .....aa ℥ii
Antikammia..... ℥ii

adding a few drops of Tincture Digitalis or of nux vomica to each dose; or a capsule may be given every two hours containing

Sulphate quinine. ....gr. 2
Antikammia.....gr. 3
Fld. Ext. Digitalis.....qtts. 2

keeping up either until the skin becomes moist, the heat abates and the pains assuaged. In the bronchial cough which attends most cases of Grippe we find relief from tablespoon-doses of the Comp. Liquorice mixture, to which ten grains of antikammia are added every third hour, and in case the Bronchitis verges into pneumonia we cannot bring down the temperature and lessen the difficult breathing better than by an infusion of Senega and Serpentaria with 6 to 10 grains of antikamnia every three or four hours. We may add to this infusion 1 to 3 grains of Carbonate ammonia if there is scanty expectoration, or we may alternate with it 2 grains of Dover's powder to allay the cough and aid in promoting perspiration. In acute rheumatism a full dose of Antikamnia will do much to abate both pain and heat, and we can keep up the remedy without depression, it proving here analgesic as

well as antipyretic. In Typhoid (Enteric) fever we have given the Antikamnia without callapse. In this last disease we find the need of alcoholic stimulation, no matter what drugs are used to lower the temperature; indeed, in large doses alcohol alone meets this indication. In Dysmenorrhoea we have in Antidamnia a substitute for opium and for the gin, whiskey and rum which so many women resort to at the menstrual period. Here Antikamnia achieves its greatest triumph, not only affording relief, but may be repeated at the next period without fear of pernicious habit.

The writer is cautious of Antipyrine. In one case of consumption the rise of temperature was so great and so exhausting that we gave a 30 grain dose of antipyrine at midnight. The patient missed the rise of fever and the night sweats, but when we saw her early in the morning, she lay like one in an ice box. She expressed herself willing at the same risk to avoid the heat the next night, so armed with the experience of the day before we gave her at 11 p. m. the same dose in one ounce of whiskey. In this way for three nights she escaped the excessive heat, and then by the help of the tincture of bark, zinc and whiskey got on well for some months. Antipyrine behaved curiously in a rheumatic patient aged fifty-two. He was subject to sub-acute muscular rheumatism, but at the time, from getting wet, he had articular acute rheumatism, a painful and swollen knee, and temperature 102° F. He was given Antipyrine in 10 grain doses every four hours. During the night he was found pale, sweating profusely, and drowsy, and became unconscious after each dose. No heart trouble could be found.

We recall a case where Cyanosis occurred in a patient of sixty-five years, after taking two doses of Salol and Phenacetine, each of five grains at intervals of an hour. A case is given where a woman became greatly depressed after taking one 10 grain dose of antipyrine, and yet other antipyretics did not produce like depression.

This depressing action of Tartar Emetic, of Aconite, Veratrum, of Copper and Zinc sulphates interfers with the treatment of any disease, and yet we remember the old plan in Italy of the Ristorian doses of the antimonial in ¼, ½, 1, 2, 4, and 6 grains in pneumonia, and we used to read of how many got well, but of never how many succumbed. Salicylic acid and the salicylates reduce bodily heat, and are useful in large doses in rheumatism, but to

prove effective they must be given in such doses as to derange the head and stomach.

Phenacetine would be much used but for its high price, seldom depressing, yet bad results have followed its use. It acts well with Salol and quinia in reducing pain and heat, and does well in headaches and in sub-acute rheumatism, but can never equal quinine as an antiperiodic. Antipyrine acts well, but Demme cautions us against it if the heart's action is weak, and he found that Caffeine antagonizes it. Falkenheim found it valueless in intermittent fevers, and Alexander says it lowers the temperature in rheumatism, but exercises no *special control* over the duration of the disease. It requires large doses, say 20 to 30 grains, to bring down higa fever temperature, and must be given every one, two or three hours, and then the "fall of temperature may be as great as five degrees." According to Ranke, vomiting often follows its use, and May recorded a case of collapse. Eruptions have been known to follow its use. It acts best in combination with other like agents. Demme considers that when evil follows its use it is because Antipyrine is a proto-plasmic poison.

This likelihood to the formation of acnoid eruption is observed in those who resort to the *excessive* use of the Bromine preparations, such as Potassium and Sodium Bromides. Bromo aperients, Bromo-Caffein, Bromo-Soda and the like. They all so lower the sympathetic powers as to produce a nervous skin trouble called acne, besides breaking down the plasticity of the blood, as in the case of the lady who took Anti-Fat to reduce her.

Guttman used it successfully in typhus, in consumption, and in scarlet fever. In using antipyrine we should have brandy, ammonia and nitro-glycerine at hand. Dr. Murchison thinks aconite is too little used. Like Veratrum and Tartar Emetic we have an excellent medicine in aconite, but like antipyrine it bears watching. Where we cannot use saline aperients we have a good remedy in aconite. In Tartar Emetic we have a powerful drug, one abused in the past and too little depended on now. In neuralgia we may expect great results from large doses of quinine. In using aconite we should secure its action before debility sets in, and it is better to give a few decided doses at first than to adopt the plan of Ringer in giving ½ to 1 drop doses every fifteen minutes. Neimeyer used Digitalis with quinine in his famous pill to control

the evening paroxysm of Phthisis. We find most antipyretics, even quinine in large doses, tend to depress the heart's action and the profession of this country seems to be relying on the new coal tar derivative under the name of Antikamnia, as the substitute for quinine least likely to cause depressing effects, and as equal to Phenacetine, acetaniled, and in reducing fever heat and in releiving pain. This new product can be variously combined to meet all indications, as in headache, it readily mixes with the Caffein Citrate, with the Guarana powder, with the Thein, with Muriate Ammonia, and with any of the Bromides. It can be given alone or with Jessamine in Occipito-Scapular Neuralgia, in Sciatica and Rheumatism. With quinine in variable proportions in powder, mixture, and in tablets in all cases where quinia is indicated and chiefly where we wish to reduce heat and ease pain, while we wish the AFTER antiperiodic action of quinia. Having no unpleasant taste children take it kindly; this fact and the prompt action of the drug without danger decidedly recommend it to the profession as an analgesic (anodyne) and antipyretic. This analgesic action places it above quinine, and it requires less of the Antikamnia in a given case than of the quinia salt to cause the reduction of fever. Yielding all the relief which morphia does without its bad after effects, there need be little question which the conscientious practitioner will select. With Muriate of Ammonia we have a good combination with Antikamnia, adding 2 drop doses each of Tinct. Digitalis and of Strophonthus, which will do well in Bronchitis, in Bronchorrhœa, in the declining stage of Pneumonia, and be useful in sub-acute rheumatism. Each physician could make his combination to suit his case. Most of the antipyretics can be given with other drugs like Capsicum, Caffein-Citrate, Cocaine, Salol, Piperine, Carbonate and Muriate of Ammonia. In cough most of them may be given in the Comp. Liquorice Mixture and in exhausted conditions we can give them in vegetable decoctions so popular in the country, as Chamomile, Boneset, Senega, Serpentaria, Ginger, and in the cold infusion of Wild Cherry, both as a tonic and as a sedative expectorant. In Asthma a mixture after this form is useful :

	Muriate of Ammonia.....gr. 2
	Antikamnia.....gr. x
	Tr. Lobelia .....gtts. xv
	Infus. Castanei.....℥ii
M.	To be given as one dose.

We keep in our office a powder composed of Antikamnia 6 grains and Soda Mint 4 grains which meets many indications.

In nervous headache a good formula is 1 grain of Caffein, 10 grains Antikomnia, and 2 drops of the Tincture of Nux Vomica, to be put up in two capsules, both to be taken at one dose.

In acute Bronchitis with weak heart and scanty urine and in any stage of Pneumonia we find this a good formula:

Antikamnia	gr. 5
Syr. Doveri	gtt. 60
Infusion Digitalis	℥ 35
Infusion Wild Cherry	℥ 1
M. S. Take at one dose. To be repeated every few hours.	

In any stage of Pneumonia, for Grippe, and to promote sleep we may use this formula. It is especially good in conjestion of kidneys:

Antikamnia	gr. x
Syr. Doveri	℥ 1
Infus. Digitalis	℥ 55
M. S. To be taken at one dose in water.	

Thus we can vary our combination with almost any of the antipyretics, making them serve as tonics with bitter infusions or Tinctures or with quinine, or as agents to relieve pain, while other remedies in the combination may be made diaphoretic, expectorant, purgative, etc.

A Case of Intussusception.

BY R. L. PAYNE, JR., LEXINGTON, N. C.

Reported Expressly for the Charlotte Medical Journal.

The classical symptoms denoting intussusception are so noticeable by their absence in the following history as to make the case worthy of record.

W. M. T., æt 42, the subject of advanced phthisis, was seized during the night with severe, colicky, bearing down pains in the abdomen, which resisted large doses of laudanum and the bowels were unmoved by a dose of compound cathartic pills and a dose of salts. On the following morning, no relief having been obtained, a physician was called in and he succeeded in relieving somewhat the agonizing pain, but all efforts, both by purgatives and copious enemata, failed to move the bowels. On the third day the patient had a number of bloody, dysenteric discharges, and from this time on, for the next three weeks, the case had every symptom of a

grave case of entero-colitis, the patient having frequent, bloody, jelly-like discharges, mixed with some fæcal matter.

There was marked tormina, complete anorexia, only occasional vomiting, quick, irritable pulse, a low grade of fever and a marked and increasing typhoid tendency. The symptoms attracting the most attention throughout the case were the severe attacks of tormina and the dysenteric discharges. At no time was there present any localized tenderness, any troublesome or stercoraceous vomiting, any marked tympanites, no appearance of abdominal tumor and after the third day nothing to indicate intestinal obstruction, the discharges containing more or less fæcal matter from day to day.

This was the history given me by the attending physician, a man of intelligence and skill, when I was called in consultation at the end of the third week. At this time the dysenteric symptoms had nearly disappeared, the bowels moving two or three times in the twenty-four hours, the discharges consisting of gelatinous matter and fæces, no blood having passed for several days. On this day the patient, attempting to have a stool, passed a long, black, round mass, which did not come away, but remained hanging from the anus, and because of this I was called. I found the patient laboring under all the usual symptoms of sapræmia; the pulse very rapid and feeble; the temperature slightly subnormal; the abdomen moderately tympanitic, and from the anus protruding at least eight inches a piece of mortified intestine. Efforts were made to draw this away by moderate traction, and this failing, the protruding mass was cut away with scissors. The patient was ordered iron, nux vomica and digitalis with whiskey every four hours, and all the nourishment the stomach would take (milk, egg-nogg, beef tea and liquid peptonoids alternately). As to the bowel trouble, it was deemed best to do nothing active. Two days later I again saw the patient with his physician, when we cut away three inches more of the gangrenous intestine which had come down during efforts at defecation on the previous day. The patient was evidently growing weaker and believing much of this downward tendency to be due to putrid absorption, it was determined to give small doses of calomel at short intervals in an effort to move the bowels and bring away the rest of the slough. On the day following the bowels were freely moved and about five inches more

of mortified gut came away entire. The general supporting treatment was continued, and from this day the bowels moved regularly once or twice daily, the appearance of the discharge soon becoming natural. The slight tympany at once disappeared; the appetite gradually returned and all the symptoms improved until two weeks later the patient was able to be propped up most of the time in bed. He now had a very large pulmonary hemorrhage, and never rallying from the ensuing depression, died two days later.

This case presents a very unusual history and may fairly be recorded as one of recovery following intussusception and sloughing of a large segment of bowel (about 16 inches) for the functions of the alimentary canal were fully established after the complete passage of the slough, the patient's subsequent death being undoubtedly due to the pulmonary complication.

Nasal Calculus, or Rhinolith, with Report of a Case.

BY W. H. WAKEFIELD, M. D., WINSTON, N. C.

Written Expressly for The Charlotte Medical Journal.

If a foreign body be retained in the nasal cavity any considerable time the solid constituents of the nasal secretion are, occasionally, deposited upon it, in which event it serves as a nucleus for the formation of a nasal calculus or rhinolith, and it is highly probable that a rhinolith is never formed without the presence, in the nasal cavity, of a body acting as a nucleus. The frequency with which we find such articles as shoe buttons, grains of corn, bits of twigs, cherry pits, etc., in the nasal passages of children, with evidences of their having been *in situ* for months, or even years, taken in connection with the infrequency with which is observed any solid deposit on these bodies on their removal would lead to the opinion advanced by many authors that some peculiarity of the secretions is a necessary factor in the formation of a nasal calculus. Be that as it may, two facts are evident:

1st. Foreign bodies in the nasal cavities are quite frequent.

2d. Rhinoliths are comparatively rare.

The symptoms due to the presence of a rhinolith are those of any other foreign body, with the additional factors due to the increasing size of the calculus. When it attains a large development the nose may be distorted, the hard palate depressed, exten-

sive ulceration or even local paralysis may occur. The following is the report of a case that came under my observation :

Mr. R, age 33, cousulted me August, '91, giving a history as follows: Has observed an excessive discharge from left nostril for several years, but during the last two or three years the discharge has been greater in amount than formerly, and is quite frequently tinged with blood. About every four weeks during these last two years a fleshy-looking mass 1¼ to 1½ inches in length. and as large around as the little or ring finger, would be expelled after vigorous efforts. In color it was reddish gray and it possessed a horrible odor. For seven to ten days prior to its discharge, respiration through the nostril was almost impossible and a foul odor was quite perceptible in his breath, but after the expulsion of the mass, respiration through the nostril became possible, the odor disappeared, and for two or three weeks a condition of comparative comfort was enjoyed, followed by closure of the nostril, foul odor, and at the end of about four weeks the expulsion of a mass already described. This had been been going on for about two years and matters were growing worse when he called to obtain relief. Inspection anteriorly, by means of reflected light, disclosed a very small inferior turbinate; the cavity was roomy; nothing was at first observed that would account for the history. (Fortunately, the patient had expelled a "mass" a week before seeing me.) Passing a probe into the nostril and downwards toward the floor it came in contact with a hard mass, and by looking closely I could discern the top of a whitish body lying on the floor of the cavity. The floor was depressed. This body was loose in the sense that it could be moved slightly. It was as wide as the cavity and extended backwards more than an inch. Its surface was rough, several wart-like protuberances being discernible (by means of the probe), particularly at its posterior extremity. Finding it impossible to seize the calculus with any instrument possessing sufficient strength to crush it, I used the cold wire snare, taking off a corner here, a protuberance there, and in this manner succeeded in reducing its size until its removal in bulk was possible. Imbedded in the calculus was found a cherry pit, and my patient then remembered, when a child, putting some cherry seed in his nose, but it was thought at the time that all had been removed. The shape of his nasal cavities favored the retention of

such articles, as the floor of *both* nostrils dropped suddenly fully one-fourth inch a short distance back from the meatus.

My patient was at once relieved of his discharge, and his catarrhal symptoms have remained in abeyance.

Transactions of the Alamance County Medical Society.

GRAHAM, N. C., January 1, 1894.

The President, Dr. R. A. Freeman, in the chair, with the following members present: G. W. Long, M. D., W. R. Goley, M. D., F. S. Faucett, M. D., R. A. Freeman, M. D., W. E. Fitch, M. D.

The first business was the election of officers for the year 1894.

Dr. Long moved that the rules be suspended, and elect by acclimation. Seconded and carried. Thereupon the name of T. S. Faucett, M. D., was put before the Society for President. No other nominations before the body, the vote was taken and Dr. Faucett was unanimously elected President.

The next office to be filled was Vice-President. Dr. Long placed the name of W. R. Goley, M. D., for Vice-President; seconded by Dr. Fitch, and elected by acclimation.

Dr. Faucett then moved to re-elect Dr. W. E. Fitch Secretary and Treasurer; seconded by Dr. Freeman. No other nominations, Dr. Fitch was re-elected Secretary and Treasurer.

The Board of Censors was next to be elected. On motion of Dr. Fitch, Drs. G. W. Long, G. W. Kernoodle and J. W. Page were put in nomination; seconded by Dr. Goley, and elected by acclimation.

This completed the offices to be filled, and the next business was a motion by Dr. Faucett for the President to appoint a committee of three to draft suitable resolutions to be sent to the family of the late Dr. A. W. Neece, who recently died of pneumonia at his home at Saxapahaw, N. C. Motion seconded and carried. The President appointed Dr. G. W. Long, Dr. W. E. Fitch and Dr. W. R. Goley a committee, and ordered that the resolutions be sent to two of our county newspapers for publication.

Dr. Long reports a case of gunshot wound in left arm and left side, of young man of 26 years, seen in consultation with Drs. Fitch and Goley.

Dr. R. A. Freeman reports a case of septicæmia, ending in death.

Dr. Long reports a case of typhlitis, cured without surgical interference.

No other business, Dr. T. S. Faucett moved that we adjourn, to meet first Monday in February, at courthouse in Graham, N. C.

Dr. R. A. Freeman, President.

Dr. W. E. Fitch, Sec'y and Treas.

Phenocoll in Malaria.

BY DR. A. CICOGNANI.

The rapidity with which the administration of Phenocoll Hydrochloride is extending in Italy and usurping the place so long held by Quinine as the specific against malarial sever, is truly remarkable. From the baths of Polesina, Dr. A. Cicognani communicates to "La Rassegna Medica." of Bologna, his observations on the use of the remedy in nine cases of malarial fever. Five cases were of daily fever, two of tertiary and one of quaternary type, in all of which the administration of Phenocoll was followed by a prompt reduction of the fever. Details are given of one or two cases which especially demonstrate the value of Phenocoll against malaria.

Case 1. C. A., aged 64 years, entered the hospital about the 1st of July, 1893. The evening temperature was taken, but showed the patient to be perfectly free from fever. The evening of the second day the patient complained of cold, and the temperature was found to be 103.5°, the following evening 100.5°, whilst for two subsequent days there was a remission of the fever, when the temperature commenced to rise again. A careful diagnosis revealed nothing worthy of remark in connection with the respiratory or circulatory apparatus. The liver was slightly enlarged, the appearance of the patient chlorotic. The accession of fever always appeared at the same hour, and was accompanied by severe shivering fits. The gait and family history of the patient all pointed to malarial fever. At the commencement bisulphate of quinine was administered, decoction of cinchona bark and Fowler's solutiou, but the fever persisted, and daily injections of 6 grains hydrobromide of quinine were therefore tried, but with equal want of success. Phenocoll Hydrochloride was consequently tried; 15 grains were administered two or three hours before the time at which the fever usually appeared. The two following days the

fever did not appear, but on the third day, the remedy being discontinued, there was a slight return. Consequently, the administration of Phenocoll was continued, and the temperatuae of the patient thereby maintained between a minimum of 97.8° and a maximum of 99.1°. When the remedy was discontinued after six days, there was not slightest return of fever and the patient left the hospital completely cured.

Case 2. Dr. Guiseppe Finza was called to see M. C., suffering from broncho-pneumonia, with a suspicion of tubercular disease. On closer inspection it proved to be, however, a complicated case of malarial fever. Phenocoll was administered and the fever gradually abated.

Cicognani found Phenocoll equally effectual in all the other cases treated by him. The most suitable dose he found to be 15 grains for an adult, and 8 grains for a child under 10 years of age.

I read in the *Summary* an advertisement about Tritica, and I responded affirmatively to the question, "Doctor, is it not so?" Having had a case on hand for some time, which the patient termed "bladder trouble," and all the usual remedies and combinations failing, I sent for an eight-ounce bottle, and to my surprise and her delight it relieved her at once. When I tasted Tritica I was a little like the Irishman who thought a medicine "no good" unless it had a pretty strong taste. But I soon found that Tritiea could not be judged by its taste, or condemned because it was so nearly tasteless. This case was a woman past fifty, and she thought the beginning of her trouble was due to the use of the catheter several years ago, when she had a serious attack of typhoid fever. She was tormented with this "bladder trouble," more or less, ever since. There was a hardness and roughness of the urethra as felt by the index finger introduced into the vagina, with tenderness, etc.

She commenced taking the Tritica just as she began cleaning house, working hard and on her feet constantly. I begged her not to waste the medicine thus, for I did not believe it would do any good—she was not giving it a chance. But she persisted, and said it was the medicine that was enabling her to do the work; and it did seem so. Suffice it to say she used about half the bottle, and said she felt so well she would keep the balance for a time of need. The urethra was now soft, hardness and tenderness gone! It is now several weeks since, and the time of need has not yet come.—*A. Livezey, M. D., Yardley, Pa.—Medical Summary.*

Sennine in the Treatment of Female Disorders.

BY. M VARNALL, M. D., ST. LOUIS, MO.

Since the introduction of "Sennine" to the profession I have been using it in all appropriate cases and with such satisfactory results that I cannot refrain from recommending it as being valuable for the purposes claimed by the manufacturers. In vaginitis and leucorrhœa it is admirable and it has proved especially efficacious in pruritus. An especially obstinate case of the latter with a pregnant woman yielded after resorting to every method that had suggested itself to the writer. Improvement set in at once in this case with the use of "Sennine." In this as well as in all other cases of like character such constitutional treatment was resorted to as deemed expedient and was continued during the local applications which were made not only within the vagina on prepared wool, but were also freely applied externally. This proved very grateful to the sufferer from the beginning, and at this writing the pruritus and irritations is entirely controlled. For ulcerations, specific and non-specific, it is equally applicable. In chancroidal sores it is in my opinion equal to any treatment that can be resorted to; in short it is valuable in any and all the various antiseptic uses for which it is designed and recommended. The eligible form in which "Sennine" is presented, its non-toxic and unirritating properties, except in cases of extreme sensitiveness, when it should be mitigated with powdered starch or fuller's earth; and its real therapeutic value must place it at the head of the long list of similar articles.

Growth of Children.

The year of the greatest growth in boys is the seventeenth; in girls the fourteenth. While girls reach full height in their fifteenth year, they acquire full weight at the age of twenty. Boys are stronger than girls from birth to the eleventh year; then girls become superior physically to the seventeenth year, when the tables are again turned and remain so. From November to April, children grow very little and gain no weight; from April to July they gain in height but lose in weight; from July to November they greatly increase in weight but not in height.—*Exchange.*

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Containing the Essential Elements of the Animal Organization—Potash and Lime;

The Oxidising Agents—Iron and Manganese;

The Tonics—Quinine and Strychnine;

And the Vitalizing Constituent—Phosphorus; the whole combined in the form of a Syrup with a **Slightly Alkaline Reaction.**

It Differs in its Effects from all Analagous Preparations; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

Its Curative Power is largely attributable to its stimulant, tonic, and nutritive properties, by means of which the energy of the system is recruited.

Its Action is Prompt: it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and produces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE--CAUTION

The success of Fellow's Sprup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of these, **finds that no two of them are identical,** and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, **in the property o retaining the strychnine in solution,** and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. **Fellows.**"

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers sur rounding them) can then be examined, and the genuineness—or otherwise—of the tents thereby proved.

Medical Letters may be addressed to

Mr. FELLOWS, 48 Vesey Street, New York.

Charlotte Medical Journal.

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Articles intended for the Original Department of the Charlotte Medical Journal will be accepted only with the understanding that they are contributed to it exclusively.

HOME TALENT.

A great deal has been said about the rapid progress made abroad in scientific pharmacy; in fact nearly all scientific valuable specialties are claimed to have their birth place in foreign lands. But when we come to investigate this matter we find all the remedies, such as extracts, tinctures, etc., those in which we place the greatest confidence, those whose value we have thoroughly tested, are of American origin and manufacture. The beautiful proprietary remedies which are constantly appearing on the market, and with which all leading physicians are familiar, are the recent labors of the skillful and zealous American chemist. Our chemists are inferior to none on the globe. Then let us be loyal to them.

RECOVERY OF DAMAGES FOR MISCARRIAGE.

The Superior Court of New York City has ruled that when a married woman is so injured through the negligence of another person as to miscarry, her husband can recover damages for the loss of the child. In the case on trial the damage was assessed by the jury at $2,250.—*Medical Record.*

The above is a good law and should be enacted in every State. The trouble about such laws are, they are rarely enforced. Prohibition is a good law within itself, but it scarcely ever prohibits and so with such laws as the one above, they seldom amount to very much in the end. There are laws in every State regarding the producing of an abortion, in some States the penalty is very severe, ten, fifteen or twenty years in the penitentiary, and it is indeed a strange fact but abortions have been and are produced to-day and there is scarcely a case on record where the penalty has been inflicted. There is nothing wrong with the laws, it simply seems almost impossible for the people to enforce them.

THE COUNTY PHYSICIAN.

It is a law in North Carolina that each county shall be under the guidance and supervision of a health officer. He is spoken of by the people ordinarily as the County Doctor, and a great many of the poor trifling loafers of the county think just because he is physician for the county he must go to see everybody and furuish the medicine, who sends for him, just because he is the County Doctor, and they belong to the same county. Thus we see that his position in this respect is not one to be sought after. Properly speaking he is secretary of the Board of Health. In this county the health officer is elected every two years by the registered physicians, including mayor and chairman of County Commissioners. His salary is fixed by the County Commissioners, and by way of parenthesis, it should be about twice the amount. It is a most responsible position, and when its duties are properly attended to, it becomes a most arduous one. The duties of such a physician are such that he must especially be fitted for the work. He should be sufficiently educated in modern scientific medicine to appreciate the sanitary improvements made in the most advanced centers of scientific hygiene. He should be a man who is not only known for his attainments in his profession, but also in other scientific research. He should be well posted in chemistry and fully equipped. He is to defend us from cholera on the North, yellow fever on the South, cyclones from the West and small pox all around us. He is to see that our streams are not polluted; that our milk is not watered and our food kept pure and if such is not the case, he is to correct it. Viewing his work from this standpoint, we can readily see his position is a most responsible one, he is to a great extent the protector of our city and of her people. He should be a man of high character, with full understanding of the rights of all her people. He should be a strong, able and conscientious man, willing to do what is best for all, irrespective of personal advantage or disadvantage. For the past seventeen years this city and county has been under the wise counsel of Dr. H. M. Wilder, as our health officer, and with a man having his attributes as our protector and our defense, we feel confident that the health of our city will be as free in the future from epidemics and other sanitary imperfections as it has been in the past.

J. C. M.

TREATMENT OF LOBAR PNEUMONIA.

This is a disease, the symptoms, physical signs, course and duration, are indeed very characteristic, yet strange to say its treatment as pursued by our best physicians and as taught by our leading medical colleges is very variable and vasillating. If we had any degree of uniformity in the therapeutics of this disease, or if statistics did not show that it is more fatal now than it was twenty-five or fifty years ago, I would feel like apologizing to the readers of this journal for discusing a subject that seemingly has already been thoroughly discussed with all possible clearness. It really seems to me that our old time doctor's understood some underlying principle in the therapeutics of this disease that modern physicians, with all of their accomplishments, fail to recognize. It may be that medicines are powerless to cut short this disease, yet have firm convictions that pneumonic processes can be favorably influenced by active medication. I am not rash enough, however, to assume that any form of treatment can be devised which will always insure against death from pneumonia, but from recent experience I believe that a mortality of twenty per cent. which is the usual death rate is too high, and that it can be materially reduced. But before this can be done, we must do away with a few mischievous tendencies of professional thought of the present day. I have reference to the skepticism, which have of late years invaded the field of therapeutics and which questions the medicinal powers of a great many honored articles of our materia-medica. I am sorry to say that the tendency of the profession during the past ten or fifteen years has been to favor theless active or the expectant plan of treatment, as many term it. This plan consists of doing little or nothing during the first stage of the disease, unless symptoms like high fever, troublesome cough, pain or wakefulness are developed. Later, however, if the heart shows signs of failure, stimulants are resorted to. While we will all admit that it is our duty to reduce the high fever, to check an unnecessary cough, to relieve the pain, to secure a fair amount of sleep for our patient and to stimulate the heart when it shows signs of weakness, I believe that our obligations and duties do not stop here, but should incorporate other procedures that might be styled a more rational treatment of pneumonia.

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We present it to the medical profession, feeling confident that they will find it a remedy in those enfeebled conditions of digestion and want of assimilation which are so often met with in their practice.

DOSE: 10 to 20 Grains Dissolved in Milk or a little water.

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This Elixir is very pleasant and agreeable, presenting an elegant form of administering Pancropeptine. Each fluid-drachm contains ten grains of Pancropeptine.

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its value. Among other eminent contributors, we notice Prof. Taylor, Lecturer on Medicine in Guy's Hospital, London. He selects for his subject, The Diagnosis and Treatment of Typhoid Fever. The clearness in which he differentiates this disease from others in its incipiency, is indeed the best we have ever read. But his plan of treatment, we are sorry to say is, in some respects in varience with our own, and too with the majority of American practitioners. To give a typhoid fever patient three or four pints of milk per day as recommended by him, will invariably cause an indigestive fever and diarrhœa. On the whole this is one of the best volumes of the Clinic we have ever seen.

ANATOMY: SCIENTIFIC AND POPULAR. By GEORGE DUTTON, A. B., M. D., Second Edition, with Appendix. Price, half morocco, $4 net; postage 25 cents extra. Cynosure Pub. Co.,No. 8 South Ada Street, Chicago.

We have carefully examined this work and find it very plain, direct and simple in style. It affords an easier understanding of the main points of anatomical science than any other work we have had the pleasure of examining. It is particularly well suited for elementary students and for use in schools, colleges and seminaries, and for students of art. Its illustrations are indeed very fine and consist of seventy-three in number. The alphabetical table of muscles in the appendix, is a good idea. The work contains about five hundred pages, nicely printed on fine paper and is bound only in half morocco. We feel confident that this excellent work will be well received by the profession; its merits certainly deserve it.

A PRACTICAL TREATISE ON NERVOUS EXHAUSTION (NEURASTHENIA). Its Symptoms, Nature, Sequences, Treatment. By GEO. M. BEARD, A. M., M. D., Fellow of the New York Academy of Medicine; of New York Academy of Sciences; Vice-Pres. of the American Academy of Medicine; Member of the American Neurological Association; of the American Medical Association; of the New York Neurological Society, etc. Edited with Notes and Additions. By A. D. ROCKWELL, A. M., M. D., Prof. of Electro-Therapeutics in the New York Post-Graduate Medical School and Hospital; Fellow of the New York Academy; Member of the American Neurological Association, etc., etc. Third Edition; enlarged. New York: E. B. Treat, 5 Cooper Union. 1894. Price, $2.75.

The present work is the result of the author's experience and study of his entire professional life in the subject to which it relates. In the introductory we find it stated that neurasthenia is passing through, in this generation, the same history as insanity in the past. The time was when the symptoms of insanity were believed to indicate, not diseases, but the possessing of an evil

spirit; so now very many of the symptoms of neurasthenia have been regarded by men of science as imaginations of the patients, proofs of hypochrondria, a vague term which, in this generation, covers all the symptoms which the physician either doubts or misinterprets. Although neurasthenia is comparatively a modern disease; although its symptoms, as herein described, are surprisingly more frequent now than in the last century, yet not a few of these symptoms have existed, particularly in this country, but more or less in all civilized countries, for at least a century and longer; and they have been brought to the attention of physicians in their practice, but they have not received their attention. Neurasthenia is an American disease in this, that it is much more common here than in any other part of the civilized world, and here it received its name and description. This work contains something over 250 pages and is exclusively practical. It describes with thoroughness and exhaustively the symptoms of neurasthenia—those hitherto assigned to the other affections, or regarded as special and distinct diseases themselves; it shows their relation and inter-dependence; it distinguishas them from the often times closely resembling symptoms of organic disease on the one hand and the symptoms of hysteria and hypochondria on the other hand; it indicates its pathology and rationale, and traces out in detail its prognosis, sequences, treatment and hygiene. It is well printed on good paper, nicely bound, and its appearance carries with it irrefutable evidence that it is of that class of publications which immediately take popular hold in the special field for which they are designed.

New Truths in Ophthalmology, by G. C. Savage, M. D., Professor of Ophthalmology in the Medical Departments of the University of Nashville and Vanderbilt University. Thirty-two illustrations. Published by the author, Nashville, Tenn., 1893.

Dr. Savage has for many years given much study and thought to this department of science and has deduced a number of new laws. This little volume will be of great value to ophthalmologists. We feel confident that it will have a large sale and will be appreciated, not only by the specialist, but by the entire profession. The book is comsidered under three parts.

Part I—New truths in ophthalmology.

Part II—Contributions to old studies.

Part III—Operations.

The work is nicely arranged, well printed, well bound and completely indexed.

ESSENTIALS OF PRACTICE OF MEDICINE, arranged in the sorm of Questions and Answers, prepared especially for Students of Medicine. By HENRY MORRIS, M. D. Late demonstrator Jefferson Medical College, Philadelphia, visiting Physician to St. Joseph's Hospital. Fellow College of Physicions, Philadelphia, Co-Editor Biddles Materia-Medica, Author of Essentials of Materia-Medica, etc. With a very complete appendix, on the Examination of Urine by Lawrence Wolff, M. D., Demonstrator of Chemistry Jefferson Medical College. Numerous illustrations. Third edition, Revised and Enlarged by some three hundred essential formulas, selected from the writins of the most eminent authorities of the medical profession, collected and arranged by William M. Powell, M. D., Acting Physician to the Mercer House for Invalid Women at Atlantic City, N. J. Philadelphia: W. B. Sannders. 1894.

This compend of the Essentials of Medicine, consisting of about 500 pages, is by far the best of the kind we have ever had the pleasure of examining. The fact that this manual has passed through three editions in less time than three years, is sufficient guarantee of its worth and popularity. The plans and arrangement of the book throughout shows that the author thoroughly understands the need of the student. He has exercised great care in its revision, but has not increased its size, which would of course rob it of its usefulness to the student who has but little time for large and exhaustive works. All obsolete and useless matter has beeu omitted, and the very latest physical diagnosis and treatment substituted, thus bringing the work thoroughly abreast with the times. As a whole the work is indeed well written, concise and well up with the approved methods of treatment. The author is certainly gifted in expressing his ideas in a clear manner.

HOW TO USE THE FORCEPS, with an introductive account of the Female Pelvis and of the Mechanism of Delivery, by HENRY G. LANDIS, A. M., M. D., Professor of Obstetrics and Diseases of Women and Children in Starling Medical College, Columbus, Ohio. Revised and enlarged by Chas. H. Bushong, M. D., Assistant Genecologist and Pathologist to Demitt Dispensary, New York. E. B. Treat, Publisher, 5 Cooper Union New York, 1884. Price $1.75.

There are very few physicians who really understand the proper method of applying the forceps, and there is no subject upon which a physician should be better posted than this one. 'Tis true the forceps are probably not used only occasionally, but when there is need for them there is no place where a physician can show himself to better advantage, and it is both a gratification to himself and to his patient, and there is no place where a physician may show himself to a greater disadvantage than a failure in an attempt to apply the forceps. The above is indeed mortifying. There are two ways to become skillful in the management of the forceps, by the proper understanding of the female pelvis, and the mechanism

of delivery and thorough experience. In the present work, under section 1, the anatomy of the pelvis is considered, giving many illustrations showing the outlines of the pelvis. Section 2 is devoted to the propelling forces. The body to be propelled is discussed under chapter 3. In chapter 4 the mechanism of delivery is exhaustively treated. One of the most interesting chapters is the one when to use the forceps, and is really the most important. Symphyseotomy, with its beauties and risks, is discussed at the close. The work contains over 200 pages and is beautiful in its mechanism. An abundant amount of valuable and useful information can be found among these 200 pages, which will be a safe guide to both student and practitioner.

How to Judge a Horse. A Concise Treatise as to Its Qualities and Soundness, Including Bits and Bitting, Saddles and Saddling, Stable Drainage, Driving One Horse, a Pair, Four-in-Hand, or Tandem; and Extracts from Rarey's and Rockwell's Method of Training Young and Obstinate Horses. By Capt. F. W. Bach. With 30 Illustrations. New York; William R. Jenkins, Veterinary Publisher. Price, $1.00.

Everybody loves a horse and everybody should understand something about its confirmation. In reading this book the author has given us some valuable rules concerning the judging of horses, omitting a detailed description of the different ailments and their treatment. The writer devotes a certain part of the book in stating points on Rarey's and Rockwell's methods of training young horses. The remarks as to how to properly handle the reins is the last chapter in the book, and is timely and interesting. To physicians this is very valuable, for they must have good horses with good habits. It would be well for every man to read this book and post himself.

Syllabus of Lectures on the Practice of Surgery. Arranged in conformity with the American Text-book of Surgery. By N. Senn, M. D., Ph. D., LL.D., Chicago, Professor of the Practice of Surgery and Clinical Surgery in Rush Medical College, etc. Cloth, 221 pages. $2. Philadelphia: W. B. Saunders. 1894.

The fact that Professor Senn is the author of this work is a sufficient guarantee of its merits. It will be found an excellent assistant in the study of surgery and will be almost indispensable to every one who has the author's American Text Book of Surgery. It is well arranged. with complete index to subjects, so as to make reference to any subject easy. The book is well bound, neatly printed and of convenient size to be carried in the pocket. We are sure it will meet with great success.

THE PHYSIOLOGY OF THE SENSES. By JOHN GRAY MCKENDRICK, M. D., LL.D., F. R. SS. L. and E., Professor of Physiology in the University of Glasgow, and WILLIAM SNODGRASS, M. A., M. B., C. M., Muirhead Demonstrator of Physiology in the University of Glasgow. 12mo, pp. 338, with 127 illustrations. Price, $1.50. New York: Charles Scribner's Sons.

The aim of this book is to give an account of the functions of the organs of sense as found in man and the higher animals. With this object in view in his introductory remarks he gives clear descriptions of the basis of sensations and the exercise of the senses, the terminal organs and nerve matter, the nerves and nerve currents, the spinal cord and the brain. Following this a description of the senses is given, beginning with the sensation of Touch—each of the other senses follow in order. The book is admirably illustrated and many experiments are suggested by which any one may test the statements for himself, and the book has been so written that it can be easily understood by those who have not made physiology a special study. Physiological conditions of sensation is concisely given in the concluding chapter. This book will be an excellent medium for entering upon the more recondite questions that underlie physiological psychology.

The work contains something over three hundred pages and is a substantially prepared volume. It is gotten out by Chas. Scribner's Sons, of New York, and will be interesting and instructive reading for every physician.

BOOKS RECEIVED.

The Diseases of Personality, by Th. Ribot, Chicago. The Open Court Publishing Co., 1894.

Sir Francis Bacon's Cipher Story, by Orville W. Owen, M. D. Price 75 cents. Howard Publishing Co.

The next volume of the deciphered writings of Sir Francis will be ready for issue the latter part of February. It will contain a continuation of Anne Bacon's account of the circumstances leading up to, and the marriage of Elizabeth to Robert Dudley in the Tower; her accession to the throne; the murder of Amy Robesart Dudley; the banishment of Sir Francis to France, and his account of the Spanish Armada, the most beautiful of all his works.

We are pleased to learn that the work on Medical Microscopy for medical students and general practitioners, by Dr. James R.

Reeves, of Chattanooga, Tenn., is now ready for the press and will soon be issued. Dr. Reeves is thoroughly familiar with the needs of general practitioners in this line, and we have no doubt that his book will be of the most thoroughly practical character.

The Johns Hopkins Press, of Baltimore, announces the early publication of a volume of 500 pages, well illustrated, on Hospitals, Dispensaries and Nursing. It is edited by J. S. Billings, M. D., U. S. A., and Henry M. Hurd, M. D., the Superintendent of the Johns Hopkins Hospital. The book contains all the proceedings, relating to those subjects of the International Congress of Charities, Correction and Philanthropy, held in Chicago last June. Price, $5.00 per copy.

A System of Legal Medicine. A complete work of reference for medical and legal practitioners, by Allan McDane Hamiiton, M. D., of New York, and Lawrence Godkin, Esq., of the New York Bar, assisted by thirty collaborators of recognized ability. In two royal octavo volumes of about 700 pages each. Fully illustrated.

The great need of a standard American work on medical jurisprudence has long been felt, and this work gives abundant promise of being just what the medical and legal profession have so long wanted. Every department will be thoroughly and reliably treated.

Methods of Preventing and Correcting Deformities of the Bones and Joints; A Handbook of Practical Orthopedic Surgery. By H. Augustus Wilson, M. D., Prof. of General and Orthopedic Surgery, Philadelphia Polyclinic; Clinical Professor of Orthopedic Surgery, Jefferson Medical College, Philadelphia, etc., etc.

The aim of the author will be to provide a book of moderate size containing comprehensive details that will enable general practitioners to thoroughly understand the mechanical features of the many forms of congenital and acquired deformities of the bones and joints.

Such a book might well be called Orthopedic Therapeutics, as it will adopt as a basis the description, symptoms, signs and diagnosis upon which to elaborate the appropriate details of treatment.

The mechanical functions that are impaired will be considered first as to prevention, as of primary importance, and following this will be described the methods of correction that have been proved practical by the author. Operative procedures will be considered

from a mechanical standpoint as well as surgically. Prominence will be given to the mechanical requirements for braces and artificial limbs, etc., with description of the methods for constructing the simplest forms, whether made of plaster of Paris, felt, leather, paper, steel, or other materials, together with the methods of readjustment to suit the changes occurring during the progress of the case.

An important feature of the book will be the practical application of remedial gymnastics and movements in the prevention or recovery of lost mechanical functions of the muscles when they have produced or tend to produce bone or joint deformities.

A very large number of original illustrations will be used to make descriptions clearer. The elimination of theoretical matters still in doubt will make the book one of practical value to busy physicians, from whom such cases generally receive first attention, and by whom they may be successfully treated.

Diseases of Women. By Henry J. Garrigues, A.M., M.D., Prof. of Obstetrics in the New York Post-graduate Medical School and Hospital; Gynæcologist to St. Mark's Hospital in New York City; Gynæcologist to the German Dispensary in the City of New York; Consulting Obstetrician to the New York Infant Asylum; Obstetric Surgeon to the New York Maternity Hospital; Fellow of the American Gynæcological Society; Fellow of the New York Academy of Medicine; President of the German Medical Sooiety of the City of New York, etc. Profusely illustrated. Price, cloth, $4, net; sheep, $5 net.

This will be a practical work on Gynæcology for the use of students and practitioners. It is written in a terse and concise manner, and will devote considerable space to the anatomy of the organs.

The articles on operations and treatment will be thoroughly modern, and based upon the large hospital and private practice of the author.

New Edition of the National Dispensatory. Physicians and pharmacists will be interested to learn the fact that the new edition of The National Dispensatory is almost ready for publication.

Upon its first appearance fifteen years ago a very large edition was exhausted in six months. The characteristics which secured this immediate recognition were its authoritative accuracy, its com-

pleteness, and the convenience with which desired information could be found, owing to the exclusion of obsolete matter. These features have been carefully preserved in the successive editions, of which five have been demanded at brief intervals. The work contains the latest and ripest knowledge of that pharmaceutical savant, the late John M. Maisch, who had practically completed before his death the sections reserved for himself. A most suggestive "Therapeutical Index" is provided, giving practical suggestions under the various diseases arranged in alphabetical order. The National Dispensatory covers by authorization the new U. S. Pharmacopœia. Though the new edition of the Dispensatory contains at least 100 pages more than its predecessor, it will probably be maintained at the same low price in view of the certainty of a large and growing demand.

Mr. W. B. Saunders, medical publisher, of Philadelphia, sends out to the profession the following circular :

Dear Doctor :—I take pleasure in sending you herewith press opinions of Dr. Pepper's first volume of Theory and Practice of Medicine. We now have the entire manuscript of the second volume in our printer's hands, and we can assure the profession at large that the work will be placed in their hands within the next six weeks. There is one feature about this book to which I would call your special attention. In the first volume nearly 200 pages are from the pen of Dr. William Pepper, and in the second volume he writes over 300 pages, thus making over one-fourth of the entire work from the editor.

Reprints.

Minutes of the Fourteenth Annual Meeting of the North Carolina Pharmaceutical Association, held in Greensboro, August 9th and 10th, 1893, with list of Officers, Committees, Roll of Members and Code of Ethics, and Annual Report of the North Carolina Board of Pharmacy, with List of Registered Pharmacists and Pharmacy Act. Raleigh, N. C., E. M. Uzzell, Steam Printer and Binder, 1893.

Four Years' Work in Diseases of the Rectum at the Post-Graduate Hospital Clinic. By Charles B. Kelsey, M. D. Reprinted from the New York Medical Journal for December 18, 1893.

Subinvolution of Uterus, and its Treatment by Electricity. By

Dr. Chas. G. Cannady, Roanoke, Va., Physician in charge of Roanoke Sanitarium, member of American Medical Association, American Electro-Therapeutic Association, British Gyneacological Association, London; Pan-American Medical Congress, etc., etc.

Mensuration in the Physical Diagnosis of Pulmonary Phthisis, by George A. Evans, M. D. Read before Medical Society of the County of Kings, June 20, 1893. Reprinted from the Brooklyn Medical Journal, November and December, 1893.

The Effects of Castration on Woman, and other Problems in Gynecology. By William Goodell, M. D., Honorary Professor of Gynecology in the University of Pennsylvania. Reprinted from The Medical News, December 9, 1893.

Liquor Sedans, Saw Palmetto, Damiana, Pichi. and Stylosanthes Elatio. Their Uses in Nervous Diseases—their Medico-Legal Relation—Epilogue. By John J. Caldwell, Neurologist, of Baltimore, Md. Reprinted from Virginia Medical Monthly, January, 1894.

Chronic Endometritis, its Aetiology, Modern Methods in Diagnosis and Treatment, by Charles G. Cannady, M. D., of Roanoke, Va., Member of the American Medical Associotion; Pan American Medical Congress; American Electro-Therpeautic Association; British Gynæcological Society of London; Physician-in-Charge of the Rebekah Sanitarium for Diseases of Women and Abdominal Surgery. Read by title in the author's absence, at the Virginia Medical Society meeting, at Charlottesville, Va.. October 7, 1893, and printed in the *Virginia Medical Monthly*, December, 1893.

Koch has one crumb of comfort since his divorce and marriage to the ballet dancer. Keeley has endowed him as the "only original discoverer" of the causes of disease. One good turn deserves another. Keeleyism owes much to Koch's unprofessional conduct in regard to tuberculin.—*Medical Standard.*

Dr. Hayden's Viburnum Compound is the acknowledged standard remedy in female diseases. Many of our best practitioners regard it as indispensable in their practice. It is superior to ergot where that uncertain drug is supposed to be needed. It is perfectly safe, always acts promptly, and is reliable.

EDITORIAL BRIEFS.

6,000 deaths occurred in New York City last year from consumption.

The Record reports that the College of Physicians and Surgeons have bought the Richmond City Hospital at a cost of $18,489.93.

Cactina Pillets are considered by the entire medical profession, the best remedy for weakness and irregular action of the heart.

Dr. W. H. Wakefield, a well known specialist of the Eye, Ear and Throat, of Winston, N. C., was in our city a few days ago, and made us a very pleasant call.

Dr. Ohmann-Dumesnil, in a valuable article on herpes zoster, in the Quarterly Atlas of Dermatology, recommends Peacock's Bromides as a nerve sedative when the prodromic symptoms appear.

The Compound Syrup of Hypophosphites, of Fellows is a reliable and standard preparation. It has stood the test of clinical experience and deserves the confidence of the entire medical profession.

The Alkaloidal Clinic, Volume 1, Number 1, edited by Dr. W. C. Abbott, of Chicago, Ill., has just been received. After looking over its contents we conclude that it is published for the purpose of advertising the Abbott Alkaloidal Co., of Ravenwood, P. O., Chicago, Ill.

Hummel & Parmele Dissolved. This firm who has for several years carried on an advertising (Medical) agency has, by limitation of contract, been dissolved. Dr. Hummel, the originator of the firm remains at his post and continues to conduct the business of which he has had exclusive charge.

At a meeting of the Faculty of Jefferson Medical College, held on January 8th, 1894, it was unanimously resolved to institute a compulsory four years course with the session of 1895–96. This step was taken in order that the large clinical service of the Jefferson College Hospital (350 cases a day) might be utilized to the fullest extent in carrying out the desire of the faculty to provide advanced medical education of a practical character.

Dr. Geo. H. Rice, of Sandoval, Ill., in a letter recently addressed to the editor of the *Medical Fortnightly*, relates the following as his experience with Phytoline :

The advertisement of the Antidolar Chemical Co., of Springfield, Ill., again appears in our journal. Antidolar is a scientific chemical product, worthy in every respect of the confidence the medical profession is placing in it. It is certainly invaluable in the treatment of headache, neuralgia and rheumatism Send to the manufacturers for free samples, and mention the CHARLOTTE MEDICAL JOURNAL.

Houses of Integrity. In prescribing the products of Manufacturing Pharmacists, we should be guided to a great extent by the business standing of the manufacturers. No other house in the South or West has a better reputation for strict integrity than the Robinson-Pettet Company, Louisville, Ky. We do not hesitate to recommend the preparations advertised by them on another page of this issue.

The decease on Friday, after a very brief illness, of Mrs. Eliza Ann Hall Sayre, at her residence, 285 Fifth avenue, removes one well known for many years in the charities and benevolent work of this city. Mrs. Sayre was the wife of Dr. Lewis A. Sayre, the eminent physician and surgeon, who was one of the founders of the Bellevue Hospital Medical College, and who still fills the chair of orthopedic surgery in that institution.

Ergotole S. and D., and Webber-Pepsin S. and D., illustrate true pharmaceutical progress. Both are ideal products, being more concentrated, permanent, palatable and active than any other preparation of Ergot or Pepsin in the market. As samples can readily be obtained by addressing Sharp & Dohme, of this city, we trust our readers will avail themselves of the opportunity and at the same time favor us by mentioning the CHARLOTTE MEDICAL JOURNAL.

A quarter of a century ago, the American people were spare, lean, sprightly, ever-active, enduring and vigorous—almost destitute of adipose tissue; but lately a bloated, bond-holding aristocracy has been created, who are addicted to excesses in the use of carbonaceous food and drink, with too little exercise and too much

ease. There is a plethora, a redundancy of non-vital, adipose elements, and fatty degeneration of vital organs. In phytoline we undoubtedly have a remedy to meet this new condition. When this remedy is indicated and judiciously prescribed, some cases lose from ten to fifteen pounds per month, while others the loss is not so great. One thing is certain, whether a great or a small loss takes place, a remarkable buoyancy and elasticity is imparted to the whole body, a regeneration of the organism seeming to take place. It is certainly an efficacious anti-fat, and a systematic stimulant of the first order. It never disturbs digestion but invariably improves it. Through these means I have noticed that it relieves difficulty and oppression in breathing.

I have had quite a large experience with the old F. E. Phytolacca Deccandra, and have used it with much success. First as an alterative. In glandular diseases, especially, I found it reliable. I have made use of it also in almost all blood and glandular troubles; in some skin diseases, locally on acute mammary inflammations; hypodermically and locally in hemorrhoids; and as a wash in not a few cases of skin affections, so that when I received the suggestion to try "phytoline," a new preparation made by the Walker Pharmacal Co., of your city, it was with a feeling of much confidence that I began using it in a few selected cases, for the purpose especially indicated,—that of a fat-reducer—and I have obtained excellent results; it occupies a high rank as such a medicant. I have also found it a great regulator of the glandular system. It seems to act by absorbing all useless and excessive fat.

Phytoline indicates for itself a prominent position in the armamentarium of the therapist.

Yours fraternally,

GEO. E. RICE, M. D.

Pancropeptine, manufactured by the Virginia Pharmacal Co., of Richmond, Va., is indeed one of the most scientific and valuable combinations of digestive agents ever produced, and is a triumph in pharmacy that its originators should feel proud and one that the medical profession will certainly appreciate. It combines the digestive and assimilative properties of pepsin and pancreatine with the neutritive properties of Extract of Malt and the Acid Lacto-Phosphate of Lime which it also contains, is a very essential part

of it, for it is seldom the brain and nervous system do not need stimulating and strengthening where mal nutrition and indigestion are present. The exact formula of this preparation is as follows:

Pepsin	10 parts.
Pancreatine	5 "
Acid Lacto-Phosphate of Lime	5 "
Exsiccated Extract of Malt	10 "

The dose is 10 to 20 grains dissolved in milk or a little water.

This house also puts up the Elixir of Pancropeptine which is a very pleasant and agreeable way to administer Pancropeptine. The dose of this preparation is one to two fluids drachms. Any physician who writes to this house desiring free samples of their preparations, can obtain them by mentioning the CHARLOTTE MEDICAL JOURNAL.

Among the many forms of trade preparations which belong to the "tonic" class, the most common, perhaps, are the Cod Liver Oil Emulsions, which usually contain drugs of a decided therapeutic action, such as iron, quinine, strychnine, etc. In many cases, however, the oil cannot be given; in many others the need is for a simple tissue builder with no added drugs. In such conditions, glycerine has been tried by a number of observers, among them Crawcourt of New Orleans, Lindsay of Edinboro, Davasse of Paris, with excellent results; and indeed it has been urged that where Cod Liver Oil benefits a patient, it is only because of the glycerine it contains.

Twenty-five years ago, at the New York State Asylum, Dr. John P. Gray began giving glycerine to his melancholia patients, with whom oily preparations were inadmissible on account of the gastric derangement, and he carried out a series of experiments with both glycerine and oil to the manifest advantage of the former. His final formula, containing glycerine, sherry, phosphoric acid dilute and bitters, is now being put up and introduced by a New York firm under the personal supervision of Dr. J. P. Gray, Jr. We suggest that practitioners in general will find it a valuable addition to their list of therapeutic agents, especially where they desire a purely tonic, that is tissue building, recuperative effect. Whenever a case of anaemia, consumption, emaciation from any cause, prostration or debility presents itself, the tonic will prove its value. In small doses frequently given, it is unexcelled in disorders of

the respiratory and alimentary systems, owing to its selective action on the mucous membranes. Its pleasant taste and attractive qualities recommend it to both doctor and patient, and its list of high class endorsers is unusual in length and character.

The Columbia Chemical Company have removed to 1704 G street N. W., Washington, D. C. Their former home, it will be remembered, was New York. This Company has long since established a good name because of the careful preparation of its products under the supervision of competent chemists. See their advertisement.

Notes.

Few physicians, who have practiced medicine five years, but have assured some patient relief, in the use of cod liver oil, only to see the patient sink lower and lower, from want of power to digest the remedy. Cod Liver Glycerine removes this difficulty; capable of being diluted with water, requires no digestion, but is a digestive stimulant. If you give Cod Liver Glycerine it will be assimilated. It combines readily in all prescriptions.

The Superintendent and Surgeon in charge of St. Louis City Hospital. Dr. A. Marks, announces that Cod Liver Glycerine is now used in that institution. Its power to mix uniformly in any proportion, in all prescriptions, or to mix with water and spirits without separating on standing, renders it the most desirable reconstructive in the convalescent period of difficult surgical cases, or acute diseases attended with emaciation; while its digestive properties insure its therapeutic action. †

Dr. J. W. Weller, of Washington, Ill., writes regarding Gurania manufactured by the Yale Chemical Co., as follows: "I have used Gurania in imflammatory rheumatism complicated with heart disease and was agreeably surprised, as the pain was relieved with absolutely no cardiac depression. In inflammation of the bowels I found its action were all I could desire as it did not constipate the bowels like opium. In nervous headache with extreme nausea it gave relief in a short time as also in a case of Dysmenorrhoea with extreme headache and nausea it "worked like a charm" to use the ladies own words."

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"BABY POWDERS"

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"HYGIENIC DERMAL POWDER"

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Composition—Silicate of Magnesia with Carbolic and Salicylic Acids.

Properties :—Antiseptic, Antizymotic and Disinfectant.

Useful as a General Sprinkling Powder; with positive Hygienic, Prophylactic and Therapeutic properties.

Good in all affections of the Skin.

SOLD BY THE DRUG TRADE GENERALLY.

Per Box, plain, 25c; per box perfumed, 50c. Per Dozen, plain $1.75; per dozen, perfumed, $3.50.

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This new synthetic product, whose base is a coal tar derivative, possesses all the advantages of the most approved Anodyne, Nervine, Sedative, or Hypnotic, and can be used without danger of untoward after effects Its most efficient action is fully set forth in a circular which we shall be pleased to send together with a sample of the product to any physician making application.

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III. Because experience has verified the effectiveness of the combination.

IV. Because it con be given in all cases where Cod-Liver Oil is prescribed.

DISEASES

Wherein it has been prescribed and found unsurpassed.

Acute and Chronic Bronchitis, Laryngitis, Pneumonia, Asthma and Pulmonary Tuberculosis.

DOSE—One or two teaspoonfuls, before meals, or oftener, though regulated by age or disease.

FORHULA—Each fluid drachm contains Phosphorus, one one-hundredth of a grain Iodine, one-sixth of a grain; Bromine, one-sixth of a grain.

Send for our book of testimonials from eminent physicians who have used this preparation for years.

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Selections.

The Letter of the Law—Sequel of a Celebrated Case.

Rarely is such a measure of interest accorded a legal process by the pharmaceutical and medical world as was aroused some two and a half years ago by the famous Nux Vomica suits in the Atlantic Court of Common Pleas, New Jersey. A brief review of those proceedings and of the curious solution which time has recently effected in the legal complications, will not be devoid of profit.

The plaintiff in both these cases was George W. McGuire, State Dairy Commissioner for New Jersey, and criminal action was brought by him against the two defendants* on the charge that each had sold a quantity of tincture nux vomica which upon examination was found to contain less than two per cent. of dry extractive. The basis of the prosecution was an existing New Jersey statute, which enacted that any preparation shall be deemed to be adulterated if (when sold under or by a name recognized in the U. S. Pharmacopœia) it "differs from the standard of strength, quality, or purity laid down therin." And 2 per cent. extractive, as stated, was the standard of the U. S. P. at that time.

The evidence introduced developed the fact that the tincture had been prepared from normal liquid nux vomica, Parke, Davis & Co.; the plaintiff's witness testified that it contained 0.712 per cent. of dry extractive; and upon this the prosecution rested its charge of adulteration within the meaning of the statute, no attempt being made to establish the therapeutic inferiority of the disputed preparation, or any deficiency in the needful content of the all-important alkaloids.

Seldom has such an array of learned talent or such a wealth of distinguished evidence been brought forward in defence of any cause involving a pharmaceutical question, as was now adduced by the respective defendants in sustaining their position. Professors Remington, Hare, Rusby, Ryan, Marshall, Dr. Eccles and the lamented Prof. Bedford, all went upon the stand and declared with one voice that the active constituents of nux vomica are its two

*The defendants were Henry B. Leeds, and Albert D. Cuskaden, druggists, and the expenses of the defense were borne by Parke, Davis & Co.

alkaloids, strychnine and brucine, alone ; that the quantity of dry extractive forms no standard of strench, quality; or purity, and may, indeed, be completely inert—without medicinal property or physiological action ; that tinctures of nux vomica made as was the one in question, from the normal liquid, are far more reliable than the tinctures on the market produced in exact accordance with the U. S. P. formula, since the former are of uniform alkaloidal strength, and the latter subject to extreme variations of medicinal potency ; that the U. S. P. standard could be easily evaded by the addition of sufficient glucose to any inferior tincture ; and finally, that the Pharmacopœia of 1880 really offered no means of determining the "strength, quality, or purity" of the tincture to which the name standard could with any propriety be applied, hence was virtually devoid of such standard.

All for naught. Here the gods themselves would have contended in vain. Conceding the entire probity of the defendants, and the full medicinal value of their tinctures prepared from the normal liquid of nux vomica, Judge Reed, nevertheless, decided in the first case that such tinctures were adulterations within the meaning of the New Jersey statute. since the requirement of 2 per cent. dry extractive was not fulfilled ! In the second case, some misgivings must have begun to assail the judicial intellect, since the case still hangs suspended in the limbs of the undecided.

But if the Judge showed an undue tenacity in clinging to an obsolete standard, and a disposition to apply the narrow letter of the law, our Pharmacopœia Commission have taken a very different view of the question. In the revised edition (1890) we are happy to observe a radical change in the requirement made of Tincture nux vomica : it is no longer 2 per cent. of extractive, but rather 0.3 per cent. of total alkaloids—the identical alkaloidal content which the manufacturers of the normal liquid had long adopted as their own standard for the tincture. The new Pharmacopœia became a part of the New Jersey law on Jan. 1, 1894, thus depriving the cases of all legal basis.

While we may now smile at the emphatic way in which time has rejected the decision of the New Jersey court, it is obvious that its very absurdity from a medical and pharmacal point of view was not without a compensating benefit in promoting the adoption of a rational standard for this and a few other important preparations

in the new Pharmacopœia. Inasmuch as five of the witnesses for the defendants were likewise members of the Revision Committee, the agitation imparted to the question of standardization by the nux vomica cases was unquestionably an active agent in the pharmacopœial changes thus far introduced—changes which, it is to be hoped, will be multiplied until every potent official remedy shall be provided with a standard which will guarantee a uniform medicinal action.

The introducers of normal liquids may well feel content with the handsome vindication which their enterprise has received at the hands of the Pharmacopœia Commission, and with the high compliment embodied in the recent adoption of their well known standard for the official tincture.—*Bulletin of Pharmacy.*

Pulmonary Tuberculosis.

We have recently received from a number of physicians, some of whom are frequent contributors to these columns, statements of their experience with the chemical treatment for tuberculesis of the lungs of which Dr. W. R. Amick, of Cincinnati, Ohio is the author.

These reports are invariably favorable to Dr. Amick's claims for his preparation, viz: That a large majority of cases in the earlier stages and a percentage in the latter stages have been restored. Some of the cases are attested through microscopic examination of the sputa to have been true cases of phthisis, while in others no proof is offered beyond statement of physical examination.

Still, so considerable is the weight of evidence offered that it is but fair to give some mention to this chemical treatment despite Dr. Amick's action in declining to disclose his formulæ, which reservation he makes ostensibly, that the discovery may not be lost through broadcast attempts at improvement and substitution.

Dr. Amick's theory is opposed to Koch's in that he holds the bacillus microbe to be a mere evidence of the presence of the disease—a product instead of a cause. Therefore the treatment is only incidentsl germicidal—the microbe decreasing in numbers and disappearing as the improvement progresses.

Dr. Amick has not debarred the profession at large from making the most searching investigation or experiment with the chemical treatment, inasmuch as he requests of all practitioners that they

send him diagnosis of phthisical cases on hand, whereupon he agrees to send from Cincinnati, enough of the medicines to test its action in each case. This proposition must be quite as expensive as it is unique, for the so-called "outfits" of medicine include an Amick inhaler and quantities of each of the four medicines. It would seem that Dr. Amick's personal confidence in the treatment he has devised must be very great indeed, and from the evidence at hand his confidence appears to be well founded.—*Toledo Medical Compend.*

Undeveloped Mammæ and Irregular Menstruation with General Debility.

I prescribed *Sanmetto* to my daughter in teaspoonful doses three times a day; who had been in a debilitated condition for two years. The history of her case is as follows: Age seventeen years, menstruated at the age of fourteen years, her general health good up to that time, but two and one-half years ago I noticed a decline in her health. I also learned there was some irregularity in menstruating, and while in this debilitated condition she received quite a nervous shock owing to the death of her little brother. Since that time I have used various remedies to build her up, but her menstrual flow, as a rule, was scant, and the mammaries did not develop as my other daughters. She was troubled with a torpid liver, together with obstinate constipation. She complained of pain in right hypochondriac and left iliac regions. I could not discover any benefit from the use of the first bottle of *Sanmetto*, but hoping that it might prove beneficial, I continued its use. It affords me much pleasure now to report the result obtained from *Sanmetto* in the case. Since using the last bottle she has mended wonderfully indeed, and to-day is in better health than she has been for three or four hears, has gained several pounds, ovarian neuralgia almost entirely gone, and mammaries developing nicely.

Flat Creek, La. W. B. Mask, M. D.

Doctor, send for a free sample of Caffacemon, the best and most convenient antipyretic and analgesic on the market. Justly famous for its remedial effects in headache, pneumonia, etc.

The S. B. Medicine Co., South Bend, Ind.

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IMMEDIATE AND LASTING BENEFICIAL EFFECTS

Formula: "Vin Mariani" is the concentrated extract—the aromatic principle of the fresh Coca Leaf, blended with a special quality of grape juice of southern France.

Usual Dose: A small wine-glassful three times a day.

Indicated: As a mild stimulant, a diffusible tonic; a strengthener of the nervous system; in convalescence and enfeebled conditions.

Special Note. "Vin Mariani" is extensively used in Hospitals, Cliniques and private practice, and its merits repeatedly recorded by the medical press of Europe and America. Thirty years' uniform excellence and recognized efficacy won the confidence and esteem of every physician who subjected it to test, and "Vin Mariani" receives the preference over all tonic-stimulants.

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	With Oil.	With Fluid.
Bacillus Tuberculosis	in 25 seconds	in 5 minutes.
Micrococcus Scarlatinae	in 10 "	in 2 1-2 "
Bacillus Typhosus	in 30 "	in 5 1-2 "
Spirillum Cholerae Asiaticae	in 43 "	in 6 "
Bacillus Diphtheriae	in 28 "	in 4 1-2 "
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Detailed experimental tests by Dr. Griffiths, mailed free on applicotion. For full particulars of the "Sanitas" preparations, samples, etc., apply to—

THE AMERICAN and CONTINENTAL "SANITAS" CO., Ld.

636 to 642 West 55th Street, New York City.

Passiflora Incarnata.

(Passion Flower—May Pop.)

This plant grows in most parts of the Southern States, and is called the may pop. There are three species of it, to-wit: The passiflora incarnata, passiflora cerulea, passiflora lutea. The incarnata is the species that has been used as a medicine. Its first use, that I have any knowledge of, was in epilepsy, and, it is stated with success. An old physician, of New Orleans, as reported by a student of his in the *Augusta Medical Journal*, treated several cases of epilepsy successfully with the fluid extract of this plant and its roots. I have used it in nervousness of children teething, with happy effect. It quiets nervous irritability readily without any narcotic effect. In large doses it is soporific, and when the patient awakes, there are no after-effects. In nervous excitability it is a most valuable remedy. It is very beneficial in spasms of children, in which it should be used in doses of a teaspoonful every two hours, until the nervous system is quieted.

It will doubtless prove to be valuable in delirium, especially of typhoid fever, alternated with belladonna, every six hours, in doses of one drahm of passiflora and two to three drops of balladonna. This treatment will be found very safe in typhomania in any sthenic fever.

The saturated tincture, made from the plant, fruit and root, is the best preparation of this valuable remedy; there is only a small per cent of the medical principle in the plant, hence it must be so prepared as to extract all its medicinal properties.

For epilepsy, a full dose should be given at bedtime, especially where the attack comes on at night; and in the day the patient should take one drachm of the solanum carolinense before meals to prevent the flow of blood to the brain and spinal center. This treatment should be continued for several months, and for one to two months after the epileptic attacks have ceased, in order to produce a cure.

I use the passiflora in many nervous affections where I formerly used opium and morphia, thus I avoid any narcotic effects that the opium would produce. As a nerve sedative, passiflora is preferable to opium. And as a mild soporific, it is preferable to opium or hyoscyamus.

A good many physicians have tested this valuable remedy and have been well pleased with it. Those who wish to try it, can procure it of John B. Daniel, of Wall street, Atlanta, Ga., who makes it of the green plant, fruit and root. When thus made it is active.

Marietta, Ga. I. J. M. Goss, M. D.

Physicians in Japan.

An ex-attache writes: "Perhaps the most charming manner of compensating physicians for their care and attention is that which is customary among the natives of Japan. Physicians do not charge for their services, but, on the contrary, decline to name an amount, and protest against any idea of remuneration. Patients, on their side, are too proud to accept such service free, and send to the physician—not as a fee, but more as a friendly gift or token of gratitude—a sum of money, proportionate to the means of the giver, with some piece of silk, bronze, or lccquer-work; the idea being that medical attendance is by far too important and elevated a character to be desecrated by barter for filthy lucre." What a pity that our Western civilization, with all its commonplace vulgarity and lack of delicacy, will not admit of adoption of such a charming method of intercourse between the medical man and his patients.—*The Medical Age.*

Recently we advised our readers of the advantages possessed by compressed tablets in administering medicines. We have found them more reliable, more easily carried, being less bulky, easily administered and in every way more convenient, it is not singular then this pleasant and convenient method of prescribing or dispensing medicines, should be taken advantage of by a large and increased number of physicians throughout the country. These tablets can now be procured direct from manufacturers who are thoroughly reliable, and a physician can depend upon uniformity and effectiveness of each dose given. We have understood more than 50,000 physicians are using tablets made by the H. K. Mulford Company, of Philadelphia, with most satisfactory results. This firm received the highest medals at the Columbian Exposition for the superiority and solubility of their tablets, triturates, lozenges and hypodermics.

If you have not already used Mulford's tablets, you should by all means write for one of their Columbian price lists, and resume of winter remedies.

Tablet Triturates.

A rare opportunity is offered the physician who dispenses Tablet Triturates. The Hall Capsule Co., of Cincinnati, formerly manufactured a full line of these goods according to the method suggested by Dr. Robt. M. Fuller, molding instead of compressing, thereby rendering them instantly soluable. Owing to the increased demand for their gelatine products, the Hall Capsule Co. have been compelled to discontinue making Tablets and Hypodermics and are now closing out their line, which, while broken, contains many staples. Send them a memorandum of the Tablets you use and if they are in stock they will make you "panic" prices according to the quantity you can use.

H. B. Pettingill, M. D., Mystic Flats, 39th & Broadway, New York City, in an article on "Intestinal Antisepsis" in *New Phar. Prod.*, gives some excellent experience from which the following is selected :

"Dr. Van Valgah in a paper on the "Causation and Treatment of Chronic Diarrhœa," in the New York *Medical Record*, says : 'Having secured as nearly as we can a clean and sweet state of the digestive tube, our next object is to get perfect digestion of the food taken. This is an aim second to no other in importance. Undigested food in the wrong part of the intestine is an irritant. Rapid absorption is the chief barrier against superdigestion, fermentation and putrefaction, and perfect digestion is the essential preliminary to the easy and healthy performance of the function of the mucous membrane.' Now with this condition of affairs and the administration of proper remedies, we can expect to destroy the pathogenic bacteria and the resulting toxines can be rendered innocuous. The tyrotoxicous of Vaughan belonging to the toxalbumen type are readily destroyed by the decomposition of salol in the intestinal tract. Salol is a salicylate of phenol, and as said before, is not acted upon until it passes through the stomach, and when the phenol is set free in the intestine it has its maximum antiseptic power. Now in addition to this, we have the calmative and analgesic effect of the antikamnia, which effect is so often necessary, and where in many cases opium is contra-indicated.

Every physician knows full well the advantages to be derived from the use of antikamnia in very many diseases, but a number of

them are still lacking a knowledge of the fact, that antikamnia in combination with various remedies has a peculiarly happy effect; particularly is this the case when combined with salol. Salol is a most valuable remedy in many affections; and its usefulness seems to be enhanced by combining it with antikamnia. The rheumatoid conditions so often seen in various manifestations in this country, are wonderfully relieved by the use of this combination.

The five grain tablet containing 2½ grains each of antikamnia and salol, is recommended highly in the treatment of cases of both acute and chronic cystitis. The pain and burning is relieved to a marked degree. Salol makes the urine acid and clears it up. This remedy is a reliable one in the treatment of summer diarrhæa, entero-colitis, dysentery, etc. In dysentery, where there are bloody, slimy discharges, with tormina and tenesmus. a good dose of sulphate of magnesia followed by salol and antikamnia, will give results that are gratifying.

In closing his paper, Dr. Pettingill adds: It is also one of the best remedies for the relief of the headache and pains of influenza, ("lagrippe"). The muscular pains which so often accompany this disease, and which seem to be a part and parcel of it, are often relieved at once by a full dose of this combination. Great reliance can be placed in the admixture of these two drugs in those diseases in which the onset is sudden, and which are attended with great pain and hyperasthesia with intense nervous derangement, particularly when the temperature rises to 102° or 103°. By its antithermic, analgesic and neurotic properties, it fills a want scarcely found in any other remedy."

Fluid Extracts should always be purchased in original, unbroken packages, put up by the manufacturer, and not filled out by the wholesale druggist from bulk stock. The manufacturers label affords equal protection to buyer and seller, and places beyond controversy all questions as to the identity of the article or its quality. The Wm. S. Merrell Chemical Co. are so strenuous on this point that they discourage the purchase of their Green Drug Fluid Extracts from jobbers who write labels, and refuse to carry in stock fractional pounds put up by the manufacturer. Their position is the outgrowth of many years experience, and physicians and druggists who favor their preparations will not accept fluid extracts in any other packages than those received intact as sent out from their laboratory.

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Chas. Marchand's Peroxide of Hydrogen (Medicinal) is sold only in 4-oz., 8-oz., and 16-oz. bottles, bearing a blue label, white letters, red and gold border, with his signature.

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Charles Marchand

☞ Mention this publication.

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Two great remedies sold to physicians direct at one-fourth price others widely advertised.

Acetaniled and Caffeine Compound.

Analgesic
Anodyne
Antipyretic
Anti-Neuralgic
Anti-Rheumatic

Will not depress the heart.

Absolutely safe.

"Your sample of Acetanilid and Caffeine Compound has proven very satisfactory indeed, and is all you claim for it, as non-depressing Antipyretics are something we have not been able to reach before at a reasonable price. Please send me four ounces by return mail."

W. S. R. Russell, M. D.
Lorado, Ark.

Pepsin Compound.

FORMULA:

Sugar of Milk	40 ozs.
Pepsin	8 "
Pancreatin	3 "
Maltose	3 "
Veg. Diastase	4 drs.
Lactic Acid	5 fl. drs.
Hydrochloric Acid	5 fl. drs.

Dr. W. H. Jackson, Springville, N. Y., says: "It is positively the best preparation of the kind I ever saw. I don't see how you can sell it so cheap."

Doctor: The reason we sell at the moderate price we do is because we deal with physicians direct, giving them the benefit.

☞Four Ounces either preparation, in powder or 5-grain tablets, mailed to any physician on receipt of $1.00.

THE MALTBIE CHEMICAL CO.

Pharmaceutical Chemists, Buffalo, N. Y.

In Writing to Advertisers, Mention This Journal.

Pharmaceutical.—Sequences vs. Disease.

BY R. M. KENLY, M. D., Superintendent of Female Hospital, St. Louis, Mo.

Modern medical advancement has made the method of treating disease "as plain as the road to market," and all physicians are reasonably skilled in treating diseases; in fact, the profession is now so thoroughly competent that comparatively few deaths are tabulated from well-marked cases of uncomplicated diseases.

Since the old-time enemy of mankind is now so easily vanquished by the medical army, while complications and sequences go merrily on, getting in their work as it were, piling up the mortuary statistics, it is easy to notice that we have not made the progress in treating complications and sequences that we have in treating diseases. This brings very forciby to my mind the old story of the "quack doctor with a fit remedy" who, when called in emergency, stated that he did not understand the disease, but if they would give him something that would "throw the patient into fits" he could cure him as he was "h—l on fits." From statistics, we can reasonably say, that if our complications and sequences were thrown into uncomplicated diseases, the death rate would be fully fifty per cent lower than at present. It is, then, very evident that there is something radically wrong with our methods of rescuing our patients from disease to surrender them to sequences. It is a sort of fast and loose game.

The point at which disease ceases to be and is gradually merged into sequences has never been, and likely never will be clearly settled. The majority of sequences may be termed a physical memory, or result of former disease manifested by want of nutrition, either general or local. Nearly all chronic lung and bronchial diseases are, at some stage of their existence, a sequence of some prior disease; the same is true of muscular wasting from mal-nutrition, besides hundreds of other chronic conditions well known to every practitioner. Any disease that leaves the blood in an impoverished condition is liable to be followed by grave sequences, unless you rapidly enrich the blood and bring it back to its normal standard.

We are now in the throes of la grippe, a disease whose sequences bear about the same proportionate relation to the disease itself that the tail of a large comet does to its small nucleus. Where la

grippe has carried away a few, its sequences has carried away thousands.

The end to be accomplished to prevent, or remedy the great majority of sequences, is to improve nutrition; the remedies indicated are reconstructives; digestives and alteratives. A remedy which contains all these virtues is codliver glycerine; besides, it combines uniformly with all medicines, and where I do not wish to use it alone I make it the base of the prescription as:

For chronic lung or bronchial conditions,
℞ Codliver Glycerine ..... ℥vii
Grind. Rob. Fl. Ext ..... ℥ii
Beach wood Creosote ..... ℥ii
M. Sig.—Teaspoonful in water at meals and bedtime.

For syphilitic taint,
℞ Codliver Glycerine ..... ℥vii
Pot. Iod ..... ℥i
M. Sig.—Teaspoonful in water at meals and bedtime.

For digestive tonic,
℞ Codliver Glycerine ..... ℥vii
Nux Vom. Tr ..... ℥ii
M. Sig.—Teaspoonful after meals.

Under such treatment they gain weight, strength and digestive powers, and in a comparatioely short time are in the pink of health.—*Courier of Medicine.*

Antiseptic Snuff Powder.

Dr. Leonard A. Dessar, of New York, employs the following snuff with excellent results in acute and chronic rhinitis at his clinic on diseases of the nose and throat, at the Mt. Sinai Dispensary:

℞ Menthol 10.0
Tannic acid 2.0
Boracic acid 30.0
Bismuth subnitrate 20.0
Starch 50.0
Cocaine ..... aa 0.5
Aristol ..... aa 0.5
Sig. Make a fine Powder.

A well known doctor of this city, who has a very prominent abdomen, recently confined a lady, and in a day or so the following conversation was overheard: "First little girl: "Where did you get your baby?" Second little girl: "Dr. ——— gave it to us." First little girl: "Oh! has he got babies?" Second little girl: "Oh, yes; he's just full of 'em."—*Gross Medical College Bulletin.*

Alive with a Broken Neck.

The following bit of information has appeared recently in the daily papers:

NEW YORK, Jan. 12.—Of all the cases of patients suffering from broken neck that have recently been recorded in this vicinity the most remarkable is one now under treatment by the surgeons of the Gouverneur Hospital. Several instances of dislocation of the bones of the spinal column have come to light within the last few months.

This is a case of genuine fracture of the bones of the neck at the base of the skull, an injury that has heretofore been regarded as mortal. But in this instance not only is the patient alive, but there was every indication to-day that he would, after proper care, recover his physical and mental faculties and get entirely well. House Surgeon Jamal said to-day: "It is the most remarkable case that ever came under my observation, and I have searched medical works, and cannot find its parallel. The boy is gradually improving, and the chances are now that he will survive." The lad, who was injured on Wednesday, is in a semi-stupor, but is conscious.

Summer Diarrhœa.

℞ Bismuth subnit. ..... ℥ss.
Tr. opii. ..... gtt. xx.
Syr. ipecac. .....
Syr. rhei arom. ..... aa ʒiv.
Listerine ..... ℥ss.
Mist. cretæ. ..... ℥j.
M. Sig.—Teaspoonful once in three or four hours for a child 10 or 12 months old.

Obesity.

℞ Phytoline (Walker) ..... f℥j.
Tinc. digitalis. ..... ♈j.
Fl. ext. fuscus vesiculosis. ..... f℥j.
M. Sig.—Twenty drops before and after the three daily meals.

For Neuralgia.

℞ Quinine sulp.
Ferri subcarb.
Anodynia (Pusey & Co.) ..... aa ʒss.
Mftr. capsules. ..... No. 15.
Take one every two or three hours.

Abstracts.

The Publication of Physicians' Portraits.

It has been our custom for several years to send to the medical profession throughout the United States portraits of eminent physicians and surgeons, and, inasmuch as their distribution has been scrupulously confined to medical men of good repute, no objection has been offered by those gentlemen whose likenesses we reproduced. Not a copy of this calendar, nor of any of our other numerous publications, has ever been sent to the laity.

Maltine is distinctly not a "patent medicine," nor has it been advertised to the public, and therefore we have considered it within our province to distribute portraits just as we have promulgated testimonials from the most eminent physicians and chemists in this country and Europe.

We have statistics to prove that ninety per cent. of the physicians of the United States prescribe Maltine. This fact, in addition to the fact that we reach the patient *only through the physician*, would seems to amply vindicate our use of the likeness of a physician whose pictures are on public sale and have continually appeared in the public press, and who is well known as a public man.

The portraits referred to were not used to push the sale of our preparations, as was the portrait of Dr. D. Hayes Agnew, recently published by us. It will be remembered that we printed under Dr. Agnew's portrait a facsimile of his endorsement of Maltine. Our only reason for publishing the portrait of Dr. —— was because we thought it would interest his medical brethren, who have shown so high an appreciation of the series of likenesses we have already published.

We should like further to say that as soon as objection was made by him we suspended the distribution of the calendars, as we would not knowingly offend even one of the honorable profession to whom we are so greatly indebted.

New York. THE MALTINE MANUFACTURING CO.

Alterative in Syphilis.

℞ Elixir Sir Iodides (Walker & Green.) .... ℥ ii
Take a teaspoonful three times a day after meals.

THE ANDERSON VAGINAL CAPSULES

FOR THE LOCAL TREATMENT OF

DISEASES OF THE VAGINA AND UTERUS

Send for Descriptive Pamphlets

THE MOST PRACTICAL, CONVENIENT AND CLEANLY MEANS FOR INTRODUCING REMEDIES INTO THE VAGINA

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TAMPON MAY BE MEDICATED WITH ANY REMEDY INDICATED:

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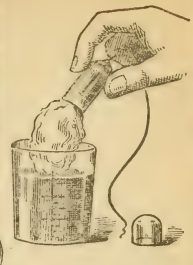

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CINCINNATI, O.

ENLARGED PROSTATE
WEAKENED SEXUAL POWER

PRE-SENILITY
WASTING OF TESTES, OVARIES and MAMMÆ

SEXUAL IMPOTENCY
BRAIN EXHAUSTION
SEXUAL NEURASTHENIA

A RECONSTRUCTIVE AND VITALIZING TONIC

EACH PILL CONTAINS

EXTRACT OF SAW PALMETTO BERRIES FRESH
COCA LEAVES ..... "
DAMIANA ..... "
NUX VOMICA ..... WITH
ZINC PHOSPHIDE.

PILL PALMETTINE

(SABAL SERRULATA)

HALL

THE HALL CAPSULE CO. CHEMISTS CINCINNATI, O. U.S.A.

REGULAR AND CONTINUED ADMINISTRATION OF THIS REMEDY IS NECESSARY TO OBTAIN PERMANENT RESULTS, AS IT REQUIRES FROM TWENTY TO THIRTY DAYS TO BRING THE SYSTEM THOROUGHLY UNDER ITS INFLUENCE

THE HALL CAPSULE CO.
MANUFACTURING CHEMISTS
CINCINNATI, O.

Green Drug Fluid Extracts.

The "Merrill Fluid Extracts" are, strictly speaking, solutions of the active medicinal principles of plants in their natural combinations, unchanged by chemical action. Pure grain spirit (alcohol)—the universal solvent—is used in a larger number of drugs than by any competing manufacturer, thus rejecting the most common non-medicinal principles—gums, starches, vegetable albumen, pectin, etc. The presence of the latter in commercial fluid extracts gives the dark, heavy, "rich" (?) appearance, so often the boast of the ignorant and the indifferent.

The "Merrell Fluid Extracts" are as cheap as the quality can be afforded. Their economy is in their cleanliness and freedom from precipitation Progressive pharmacists will be pleased with them, and join in the frequently expressed opinion that "they are the most satisfactory fluid extracts ever dispensed."

Merrell Co.'s "Green Drug" Fluid Extracts, True Salicylic Acid, Salts of Hydrastis, Fluid Hydrastis, and Specialties, may be obtained of wholesale druggists throughout the United States, at the home office at Cincinnati, the New York Office, 96 Maiden Lane, New York City.

The Wm. S. Merrell Chemical Co.

Cincinnati. New York.

POWERS-TAYLOR DRUG CO., Richmond, Va., Wholesale Agents.

A Phenomenal Fee for an Operation for Rectal Fistula.

It is not perhaps very extensively known that Louis XIV. of France was one of the first to undergo the ordinary operation for rectal fistula—that is, of slitting up the fistulous tract with a bistoury. In the month of January, 1686, or more than two hundred and seven years ago, great consternation was caused in the Royal entourage on account of the king's great complaint of pain in the region of the anus. The sudden seizure was surrounded with a perplexing amount of mystery, owing to the fact that every one appeared to be ashamed to mention its fundamental character. The concurrence of opinion, however, among the attending physicians and surgeons was that the disease was an abcess in the neighborhood of the anus, and the suggestion was made to lance it; but as nobody seemed to know what the result of this would be, the king declined to submit to the treatment. However, after the lapse of twenty days, wiser counsels prevailed, and the king agreed to have the abcess opened by means of caustic. This was safely accomplished, and soon the bald truth presented itself to the surgeons that they had a fistulous tract communicating with the rectum to deal with. Now the trouble began. The whole court put its head together in order to determine what was best to be done, and to suggest remedies. So many enterprising suggestions were made in this direction that it was considered advisable to retain the services of four patients with fistula of the rectum, and these were taken from place to place for the purpose of submitting to the various forms of treatment with a view to testing the value of the latter before they were applied to the king. Sad, however, to relate, a year went by without a single cure resulting from any of these experiments. In this trying dilemma, Bessiers—a celebrated surgeon of the day—was called in, and in an aphoristic dictum he informed the king that "all the remedies in the world are of no account without an operation." This opinion helped matters forward considerably. The king summoned Felix—a barber surgeon—to his presence, and a consultation was held as to the best method of operating. The ligature was greatly in vogue at the time, but Felix pronounced for the bistoury, and promised the king that if this plan were adopted a speedy cure would result. Nevertheless, Felix had never performed the operation himself; in

order, therefore, to get his hand in, he operated on all the fistulous patients in the hospital, and successfully. The great day arrived, Monday, November 18, 1687. At daybreak the apothecaries entered the King's bedroom and gave him an injection. A little before seven the operation was performed without difficulty; lint was applied to the wound, and covered with an ointment of yolk of egg and sweet oil, and fixed by a pad and bandage. Then the rejoicidgs took place. Every one praised the bravery and firmness of the king. All his courtiers called on him at the earliest opportunity, and every one of them had a fistula or pile desired to be operated upon immediately. Indeed, it was stated at the time that "the entire court had its tail examined in the hopes of being operated upon." But to make a long story short, everything turned out well in the end. Plugging the wound from the bottom was not known in those days, and therefore, owing to too rapid healing it was found necessary to reopen the wound; but after this a complete cure resulted. The honors were chiefly due to Felix: the king gave him 300,000 francs, made him a present of a landed estate, and also ennobled him with a title! In comparison with the fees which surgeons are able to get for such an operation in the present day, the only conclusion possible is that surgery must be "played out."—*Medical Press.*

Salicylates act most promptly in pleurisies with serious effusion of recent origin or of long standing, but they are efficient in simple dry pleurisy, and often act favorably in secondary pleurisy. An agreeable salicylic mixture:

℞ Potassia acetatis ..... ℥ij.
Acidi salicylici ..... ℥ss.
Syrupi limonis ..... ℥ij.
Elixir Lactopeptine ..... ℥viij.
Sig.—One tablespoonful every three hours.

In La Grippe, Hemicrania, Muscular Neuralgias.

℞ Gaurania (Yale Chem. Co.) ..... ℥i
Pul. Dover's ..... gr. xxiv
M.—ft. Pulv. No. xii. Sig.—One powder every two hours.

Alcoholic Gastritis.

℞ Liquid Peptonoids with Creosote ..... Oj,
Sig.—Half to one tablespoonful every three to four hours.

For Leucorrhœa.

℞ Helonia Tablets.....No. xii.
Sig.—Insert into vagina one every night, and follhw in the morning with warm water douches.

Obstetrics Among the Negroes.

At the Pan-American Medical Congress Dr. De Saussure(*American Jourdal of Obstetrics*, November, 1893, p. 717) read an interesting paper in the Section of Obstetrics upon "Obstetrics among the negroes of South Carolina." Considerable difficulty was encountered in obtaining exact information, on aocount of the indifference of the negro as to time and figures. It was found that menstraul life began at the age of 13.1 years. The negro is most vigorous, and matures early. The average age for the menopause was 48.8 years, though in instances women have been delivered at the age of 53 years. Amenorrhea, dysmenorrhea, and uterine hemorrhage are extremely rare. The negro is more fruitful than the white, the average number of children to the family being 6.8, although for several years past the negro has been shirking his responsibility and taking means to prevent the increase of his family, so that within a few years it is possible that the number of children will be less than 6. With the negro pregnancy is physiologic, not pathologic. Eclampsia is not unusual, and may find its explanation in poverty and anemia or in the imitation of so-called civilized habits of the whites. The induction of abortion before the fifth month is becoming quite common, and is accomplished not by instruments but by drugs. If the abortion occur not later than the fifth month, neither midwife nor physician is called. Notwithstanding the great frequency of abortion, puerperal fever or septicemia is extremely rare. This may be accounted for by the fact that vaginal examinations are seldom made and instruments almost never employed. Syphilis is extremely common among the negroes of the South, at least 70 per cent. having inherited or acquired the disease. The pelvic diameters are larger than in the whites. Labor is a simple act, the physician rarely being called, nine-tenths of the deliveries being accomplished by midwives. Vaginal examinations are not made, and labor almost always terminates without accident, notwithstanding the unfavorable surroundings of the parturient. Among 15,538 deliveries there have

been 57 deaths from puerperal infection, including cases of peritonitis, in spite of the fact that the dirt and filth among the negroes is almost inconceivable.—*Medical News.*

Definition of a Baby.

A London paper offered a prize for the best definition of a baby. The last one of the following took the prize:

"The batchelor's horror, the mother's treasure, and the despotic tyrant of the most republican household."

"The morning caller, noonday crawler, and midnight brawler."

"The only precious possession that never excites envy."

"The latest edition of humanity, of which every couple think they possess the finest copy."

"A native of all countries, who speak the language of none."

"About two inches of coo and wiggle, writhe and scream, filled with suction and testing apparatus for milk, and automatic alarm to regulate supply."

"A quaint little craft called Innocence, and laden with simplicity and love."

"A thing we are expected to kiss and look at as if we enjoyed it."

"A little stranger with a free pass to the heart's best affections."

"That which makes home happier, love stronger, patience greater, hands busier, nights longer, days shorter, purses lighter, clothes shabbier, the past forgotten, the future bright."

"A tiny feather from the wing of love, dropped into the sacred lap of motherhood."—*Medical Brief.*

Foot-Ball as a Substitute for Prize Fighting.

Foot-ball as an elevating substitute for the manly art of prize-fighting seems to be a success, if we reckon by mortality statistics. So far this season, five players have been "elevated" to the great beyond, as a result of contests on the gridiron battle fields. It is safe to say that not so many deaths have occurred from prize fighting in as many years.—*Medical Fortnightly.*

For Nervous Exhaustion.

℞ Comp. Elixir of Phosphate and Calisaya (Wheeler's).... .....℥viii.
Strychnine..... .....ga. ss.
M. Sig.—Take a teaspoonful after each meal.

THE BEST ANTISEPTIC
FOR BOTH INTERNAL AND EXTERNAL USE.

LISTERINE.

Non-Toxic, Non-Irritant, Non-Escharotic—Absolutely Safe, Agreeable and Convenient.

FORMULA.—LISTERINE is the essential antiseptic constituent of Thyme, Eucalyptus Baptisia, Gaultheria and Mentha Arvensis, in combination. Each fluid drachm also contains two grains of refined and purified Benzo-boracic Acid.
DOSE.—Internally: One teaspoonful three or more times a day (as indicated), either full strength, or diluted, as necessary for varied conditions.

LISTERINE is a well-proven antiseptic agent—an antizymotic—especially useful in the management of catarrhal conditions of the mucous membrane, adapted to internal use and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, injection, irrigation, atomization, inhalation, or simple local application, and therefore characterized by its particular adaptability to the field of

PREVENTIVE MEDICINE—INDIVIDUAL PROPHYLAXIS.

LISTERINE destroys promptly all odors emanating from diseased gums and teeth, and will be found of great value when taken internally, in teaspoonful doses, to control the fermentative eructations of dyspepsia, and to disinfect the mouth, throat and stomach. It is a perfect tooth and mouth wash,
INDISPENSABLE FOR THE DENTAL TOILET.

DISEASES OF THE URIC ACID DIATHESIS.

LAMBERT'S LITHIATED HYDRANGEA.

RENAL ALTERATIVE—ANTI-LITHIC.

FORMULA.—Each fluid drachm of "LITHIATED HYDRANGEA" represents thirty grains FRESH HYDRANGEA and three grains of CHEMICALLY PURE Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is INVARIABLY of DEFINITE and UNIFORM therapeutic strength, and hence can be depended upon in clinical practice.
DOSE.—One or two teaspoonfuls four times a day (preferably between meals.)

Close clinical observation has caused Lambert's Lithiated Hydrangea to be regarded by physicians generally as a very valuable Kidney Alterative and Anti-lithic agent in the treatment of

Urinary Calculus, Gout, Rheumatism, Cystitis, Diabetes, Hæmaturia, Bright's Disease, Albuminuria, and Vesical Irritations Generally.

REALIZING that in many of the diseases in which LAMBERT'S LITHIATED HYDRANGEA has been found to possess great therapeutic value, it is of the highest importance that suitable diet be employed, we have had prepared for the convenience of physicians

DIETETIC NOTES,

suggesting the articles of food to be allowed or prohibited in several of these diseases. A book of these Dietetic Notes, each note perforated and convenient for the physician to detach and distribute to patients, supplied upon request, together with literature fully descriptive of LISTERINE AND LAMBERT'S LITHIATED HYDRANGEA.

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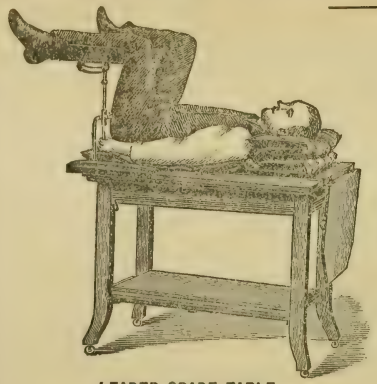

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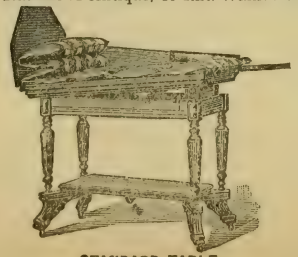

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Miscellaneous.

Osculo Therapeutics.

BY A STUDENT.

Tell me not in scientific
Pages, such a tale as this,
That diseases most terrific
Gain diffusion by a kiss.

Kissing's real, ah, kissing's earnest,
Though the vile bacillus lurk
In the kiss that thou returnest,
Trust me, Damon will not shirk.

Vain the doctor's adjuration,
Phyllis lightly to me trips ;
If there's death in osculation
Let me take it from thy lips.

When a merry maiden fair is
Medical advice decline,
Let her sweet *orbicularis*
Oris lightly rest on thine.

Yet, since kissing surely pleases,
We, by Æsculapian art,
Can prognosticate diseases,
Soft affections of the heart.

Kissing is by nature taught us,
Kiss the girls, then, when they come,
Tho' a kiss be, *oide Plantus*,
Archerontis pabulum.

—*The Corpuscle.*

For Tertiary Syphilis.

℞ Elixir Iodo-Bromide of Calcium Comp..... ℥ ii.
Potassii Iodidi..... ℥ ii.
M. Sig.—Take a teaspoonful three times a day in a wineglass of water.

How to Become a "Professor."

As it seems at the present day, to be one of the prime objects of our fraternity, some valuable hints on the subject may be culled from some remarks of Dr. Jacobi at the annual dinner of the Harvard Medical Alumni Association given in a recent number of the Western Medical Reporter. Dr. Jacobi said:

"There are many ways of becoming professors, some of which are as follows: Thirty years ago I was offered the place of professor of diseases of children. I replied I could not think of accepting; I did not know enough. My friend, who was a professor and knew all about it, laughed and replied if he were offered a chair of nautics he would begin lecturing tomorrow. That is, gentlemen, how I became professor of pediatrics, only because there was no place vacant for aColumbus. Others are cousins, friends, assistants in private practice. To be rich, well connected, and have relatives among hospital and college trustees is a very good mental equipment. Have a friend who is wealthy and endows a chair for you. In Germany, be a son-in-law of a leading professor.

"But lately I read of the death of a German Privatdecent, at the ripe age of seventy-four, whom I knew when he was already Privatdocent, but proved his incapacity for advancement by refusing to marry the daughter of the full chair. Write a text-book while you are young and fresh. There are so many that you can extract half a dozen and make the seventh with the aid of very little brains and much more posteriora. Operate on two alleged lacerations daily, and let no more than fifty per cent. of septicemia. Prove that the best place for ovaries is in a jar. Render yourself a parody of the great Philadelphian who makes a diagnosis before he cuts babies' sculls by sawing without diagnosis. The first is seen and heard and heard of, the latter is not. On that line there are many possibilities.—*Medical Fortnightly.*

Dr. Emory Lanphear. of Kansas City, wishes to inform members of the medical profession that he has at his disposal a number of free beds for cases demanding hysterectomy, extirpation of cancer of the breast, or radical cure of hernia. He will be glad to correspond with physicians regarding charity cases of the classes mentioned.

La Grippe.

A physician who had just passed through an attack of this distressing disease thus writes to a friend: "Did you ever have this infernal disease that they called the grippe? If not, don't. I have been through it for the last six weeks and am ready to give my friends the benefit of my experience. It is certainly the most diabolical malady that ever got out of Pandora's box. If the old girl has anything worse in reserve I trust she will keep the lid of her Saratoga safely locked and then kindly sit on it. Sneeze, freeze to death, burn up, have your energy sapped, let all the clouds of heaven lower over your head, get on familiar terms with all the blue devils that ever escaped by volcanic exit from equatorial eternity—do all of this and keep it up for six weeks, and then you can intelligently listen to a lecture on *la grippe*. Cerebration becomes altogether of the too conscious sort for literary work."—*N. Y. Med. Jour.*

A License to Practice Medicine Includes Surgery.

Many are the devices resorted to for the purpose of avoiding the payment of doctors bills. (Journ. Amer. Med. Asso.) In the case of Stewart vs. Raab, decided by the Supreme Court of Minnesota, Sept. 8, 1893, just reported, it was contended that a person holding a certificate to practice medicine could not lawfully practice surgery, nor recover for professional services which included the performance of surgical operations. The statute under which this question was raised is entitled "An Act to regulate the practice of medicine in the State of Minnesota," and the first section prescribes that every person practicing medicine in any of its departments shall possess the qualifications required by the act. To persons possessing these qualifications, certificates shall be issued by a board of examiners, and these certificates authorize the possessors to practice "medicine and surgery" in that State. The terms, "practice medicine," in the title of the Aet, and "practicing medicine," in its first section, are used, the court says, in the broad and popular sense in which they are generally understood, applied and, in fact, defined. One practicing medicine, practices "the art of preventing, curing or alleviating diseases, and remedying as far as possible the results of violence and accident." Therapy is the treatment of disease, and surgery is therapy of a distinctly operative kind. A certifi-

cate which, in terms, authorizes the possessor to pursue the practice of medicine under the conditions of such a statute as the above, necessarily includes surgery. The statute does not require a license or certificate for each department in medicine. Consequently there is nothing whatever in the point that because surgery is not expressly mentioned in the certificate, the holder thereof violates the law when performing surgical operations.

Prize of the American Neurological Association.

The American Neurological Association offers a prize of $200 for the best essay on any subject connected with neurologic science.

This competition is open to physicians who are legal residents of States in North or South America.

Essays must be sent to the Secretary of the Association, Graeme M. Hammond, M. D., 58 West 45th Street, New York City, on or before May 1, 1894.

Each essay shall be accompanied by a sealed envelope containing the name and address of the author, and bearing on the outside a motto, which shall also be inscribed upon the essay.

Essays shall be type written, in either the English or French language, and with the pages securely fastened.

The council of the Association reserves the right to reject any or all essays judged unworthy of the award.

Each essay must exhibit original research, and none will be accepted that has previously been published.

Alcohol.

While the use of alcohol is always injudicious and injurious, it is particularly so in summer when the system is predisposed to disturbances of the gastro-intertinal tract.

Alcohol flushes the capillaries of the mucous membranes just as it does the capillaries of the skin, and where there is already a smouldering congestion, it will take but little to light the fire of acute inflammation, which will rage with greatly increased intensity.

It is wiser to habitually avoid even the medicinal use of alcohol, as there are plenty of other stimulants which will give the desired results without entailing any disastrous after effects.—*Pacific Record.*

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has been pronounced the most elegant LIST OF ELECTRO-MEDICAL APPARATUS ever issued. It gives a complete List of all Improvements made in Portable Electro-Medical Apparatus during the past Eight Years.

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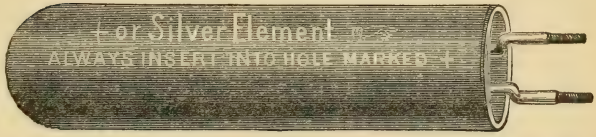

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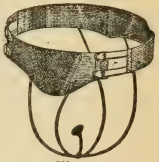

Fig. 4.

Fig. 1.

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Give exact circumference of body at K, L, M.

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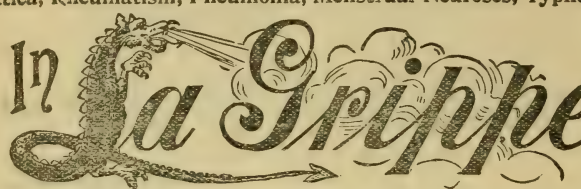

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The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gestation and Lactation, to promote Development, etc., and as a physiological restorative in Sexual Debility, and all used-up conditions of the Nervous System, should receive the careful attention of good therapeutists.

NOTABLE PROPERTIES: As reliable in Dyspepsia as Quinine in Ague. Secures the largest percentage of benefit in Consumption and all Wasting Diseases, by determining the perfect digestion and assimilation of food. When using it, Cod Liver Oil may be taken without repugnance. It renders success possible in treating chronic diseases of Women and Children, who take it with pleasure for prolonged periods, a factor essential to maintain the good will of the patient. Being a Tissue Conetructive, it is the best general utility compound for tonic restorative purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system.

Dose—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful; for infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of

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The University of Maryland a Sufferer by Fire.

On December 2d a disastrous fire visited the property of the university and completely destroyed Practice Hall. This building had recently been enlarged by the faculty. It had within its walls perhaps the best dissecting rooms and laboratories to be found in Baltimore. The old university building took fire, but fortunately the flames were extinguished before great damage was done. The losses are severe, but the buildings will, without doubt, be restored before another year comes round. The laboratory studies of the current term were not seriously interrupted, as the faculty was enabled to arrange for their continuance without delay.—*Ex.*

Hystero Epilepsy, commonly known as "fits," attended with "Globus" or choking sensations, sighing, giddiness, distended abdomen and when asleep limbs rigidly extended and will remain in whatever position they are placed. The "fits" occasionally last two or three hours. There is much tendency to sleep and a marked loss of sensation, eyeball can be pricked without causing a wink, and needles sometimes can be inserted into the flesh without producing the slightest pain or reflex action. The inhalation of a pure chloroform till patient is thoroughly under its influence will relieve the distension of the abdomen and the rigidity of the lower extremities. In such cases it is advisable to make an impression on the bowels, and for cleansing the entire alimentary tract the Elixir Six Aperiens is well adapted. Cantharides blister to the tender parts of the spinal column. The Galvanic Current should not be overlooked. Should uterine disease or ovarian irritation be one of the disturbing causes, they must receive the attention of the physician. The treatment that seems most satisfactory in relieving the distressing nervous derangement consists of the Elixir Six Bromides which is greatly increased in power by its combination with Cannabis Indica. One thing we must secure is the entire confidence of the patient, for without it failure must be the result. We must show kindness and firmness, and insist upon the patient taking her medicine with a degree of regularity that is prescribed.

For Chronic Ulcers.

℞ Comp. Talcum Powder.
Bismuth Subnitrate.....aa ℥ii.
M. Sig.—Dust over ulcer morning and night.

A Very Respectable Practitioner.

Sir William Jenner usad to tell with great gusto a tale of a footman of Sir Andrew Clark, who has recently died. A gentleman in urgent need of Sir Andrew's services learned from Jeames that it was impossible to see the eminent physician except by appointment. "But it is most urgent," cried the caller in dismay. "Quite impossible, sir." "Well, can you tell me, then, of some one else near at hand?" "Well, sir," replied Jeames reflectively, "there is a very respectable general practitioner named Jenner on the other side of the street; I think I may recommend him."—*Medical Bulletin.*

The following was sent to an Atlanta doctor with a specimen of urine in a half-pint flask for examination :

My morning "extract" here I send;
'Tis what you wanted, I suppose;
I hope and trust 'twill not offend
Or make you elevate your nose.

No cocktail sweet, no toddy long,
This festive vessel doth contain;
And though it is not very strong
I'm sure that it would stand a strain.

Although 'tis not pleasant to the sight
I send it with an anxious sigh,
And hope that no disease of Bright
Will meet your penetrating eye.

Dear doctor, note the amber gleam,
But do not be deceived by this;
Things are not always what they seem;
This half-pint flask is full of—— !

Southern Med. Rec.

Mathews's Medical Journal.

This is the title of a new quarterly, devoted to rectal and gastro-intestinal diseases, to be edited by Dr. Joseph M. Mathews, of Louisville. It is announced that the first number will be issued as soon as possible after the first day of January, 1894.

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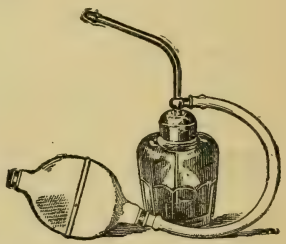

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American Medical Publishers' Association.

The first annual meeting of this Association was held in the Grand Hotel, Cincinnati, on Monday, December 4, 1893, and steps were taken in the direction of active, routine work. The by-laws and rules were revised and amended, while the name was modified in accordance with a demand from medical publishers of a general nature who desired to become members of the Association. The active co-operation of every medical publisher is earnestly solicited. Next meeting in Washington, D. C., September, 1894. Officers: President, Dr. Landon B. Edwards, Richmond, Virginia; Vice-President, Dr. J. C. Culbertson, Cincinnati, Ohio; Treasurer, J. MacDonald, Jr., New York City. For application blanks and copies of the Articles of Association, address,

CHARLES WOOD FASSETT, Secretary,
Corner Sixth and Charles, St. Joseph, Mo.

Among the multitude of new drugs which are being constantly brought before the profession, it is not an easy matter to say which is the best or which are worthy of confidence. Certainly the progressive practitioner cannot afford to entirely ignore these new demands for professional favor because there is too much good in some of them; too much valuable aid he cannot fail to appreciate, but just how to distinguish between the worthy and the undeserving, or the valuable and the worthless is the question. As a rule those preparations which afford no more legitimate parentage than simply a commercial one; or that one which is only a dishonorable imitator of some drug which has been proven valuable, are not to be relied upon any more than the most blatant "patent" on the shelf. But when a new drug comes inviting a most thorough trial and investigation, filling too a place not entirely filled by any other drug or preparation, not hiding and defending itself under a patent or secret formula; endorsed by reliable members of the profession and by leading Medical Journals, asking and seeking only the honor and preferment which the members of the medical profession honestly think it merits after a thorough trial; not attempting to make a successful financial venture from the reputation of some predecessor.

Any drug with these qualifications we may say unhesitatingly is worthy a trial. But how seldom do such drugs appear.

One of the latest debutantes is Gurania and we have not recently seen a new drug more nearly filling the stringent conditions just named. No one, it is admitted without question, will deny the desirability of an improvement on the dreadful after effects of the opiates. To obviate these the coal tar derivatives were introduced. They were a grand improvement and a long stride along the path toward perfection in analgesics, but they unfortunately possess that one fatal quality of being cardiac depressant.

Gurania we are assured by reliable members of the profession is not in the least degree a heart depressant and it certainly has been subjected to the most severe clinical tests possible. One of its most important claims is its value in heart lesions particularly of a Neuralgic or Rheumatic nature.

August Martin, heretofore docent, has been made Professor of Gynecology and Obstetrics in the University of Berlin

---

Notwithstanding the large number of Hypophosphites on the market, it is quite difficult to obtain a uniform and reliable Syrup. "Robinson's" is a highly elegant preparation, and possesses an advantage over some others, in that it holds the various salts, including Iron, Quinine, and Strychnine, etc., in perfect solution, and is not liable to the formation of fungous growths.

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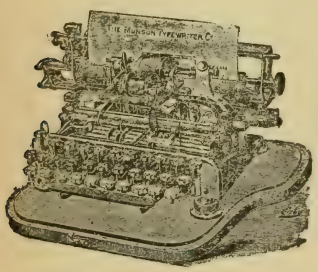

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The German Congress of Internal Medicine, which was to have been held in Munich next April, has been postponed till Eastertide, 1895, so that the meeting may not clash with the International Medical Congress to be held at Rome from March 29 to April 5, 1894.

Last December a young doctor in Detroit became discouraged with his financial prospects, and was found dead in his office. Inquiry resulted in the belief that he had suicided, and that his financial condition was the cause of the act.

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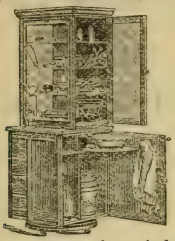

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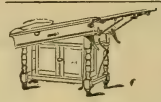

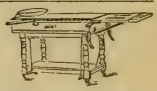

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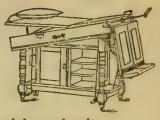

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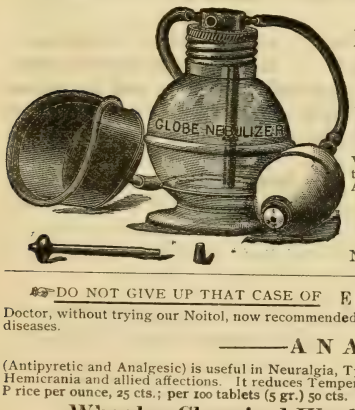

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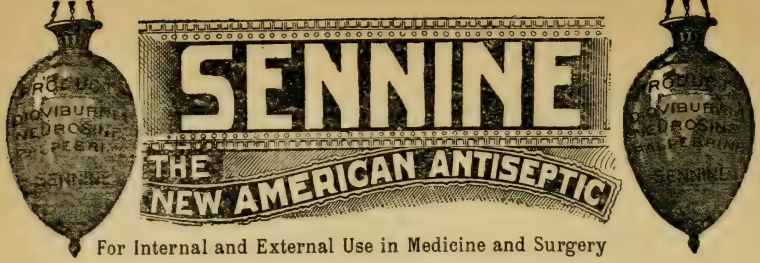

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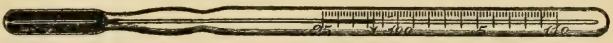

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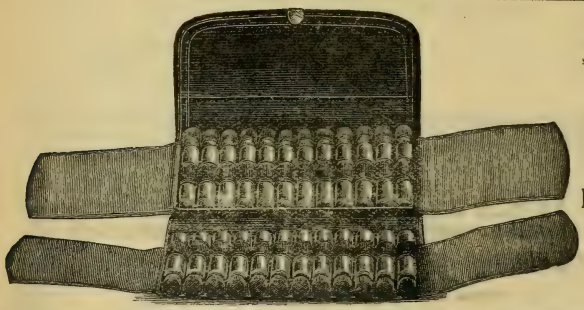

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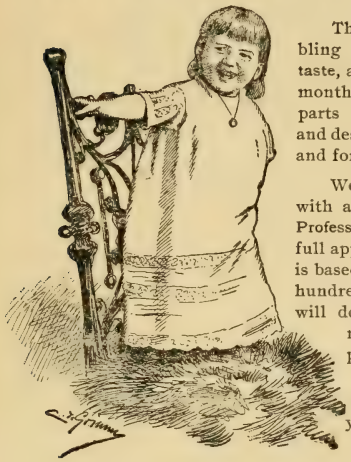

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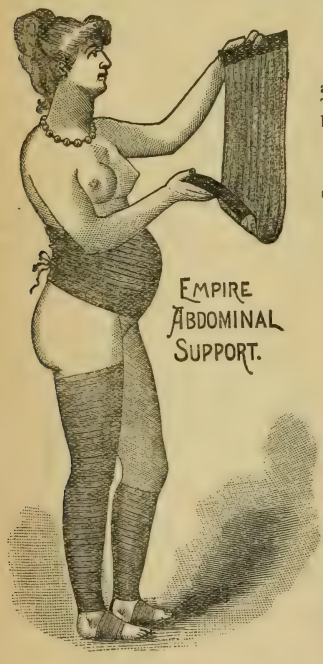

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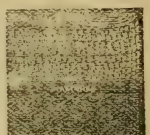

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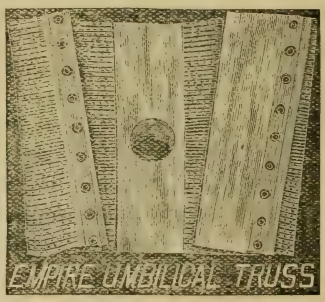

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THOROUHGLY ANTISEPTIC AND ABSOLUTELY SAFE

For Internal and External Use.

Soothing and Healing Application to all Inflammations of the Skin.

Internally in acute indigestion, gastric catarrh, summer diarrhœa, cholera infantum, it is prompt and powerful. Applied to the involved mucous surfaces in scarlet fever, diphtheria, and pharyngitis, and given internally as well, it manifests wonderful curative and anodyne properties.

It exerts a specific influence over ulcerated surfaces, especially those of the

Vagina, Uterus, Urethra, Bladder, Nose and Throat.

It gives speedy relief when applied to hæmorrhoids. It is unequaled as an antiseptic dressing for all kinds of wounds. It should supersede bi-chloride solutions, carbolic acid and iodoform, as it is not only antiseptic and anodyne but tonic and alterative in its action.

FORMULA.—Hydrastis Canadensis, Phytolacca Decandra
Acid Salicylous C. P. (from Oil of Wihtergreen.)
Acid Boric C. P., Mentha Avensis, Thymus Vulgaris,
Dist. Ext. Hamamelis Virg. Conc.

Send for Clinical Reports on its Use. A Bottle Sent, Carriage-Paid, for $1.00.

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ELIXIR SIX IODIDES

This Elixir is prepared from the Chemically Pure Salts. Results can be looked for from its administration that could not possibly be expected from the Commercial.

FORMULA.

Each fluid drachm contains:

Arsenici Iodidum 1-125 grain, Ferri Iodidum 1-12 grain. Hydrargyri Iodidum 1-125 grain, Manganesii Iodidum 1-10 grain, Potassii Iodidum one grain, Sodii Iodidum one grain, *with Aromatics.*

MEDICAL PROPERTIES.

The greatest *value* of this *combination* is, that it often relieves those *obscure* and *chronic obstructions* to *gland action*, whether of the great glands as the *kidney, liver, pancreas*, or of the *lymphatic system*, which may exert so great an influence for evil on the economy. It seems to continuously increase its gain of confidence of the Medical Profession, as its use is indicated in a wide range of diseases, particularly so in *pernicious anæmia*, many forms of *skin disease*, both *scaly* and *papulary* has remarkable curative effects in *specific diseases* and other manifestations of *systemic infection;* in females suffering from *chronic uterine* and *pelvic diseases*, and in all kindred complaints, where an *alterative* and *tonic* is indicated.

It is the *combination* which is so *remedial*, proving that the *united action of remedies* is often requisite to success when either alone is insufficient.

ELIXIR SIX BROMIDES

Is prepared not from the commercial, but from the chemically Pure Salts.

FORMULA.—Each fluid drachm contains:

Bromide Potassium 5 grains, Bromide Sodium 5 grains, Bromide Ammonium 3 grains, Bromide Calcium 1½ grain, Bromide Lithium ½ grain, Bromide Iron ½ grain WITH AROMATICS.

MEDICAL PROPERTIES.

This preparation is entitled to rank as one of the most valuable therapeutical agents in *quieting non-inflammatory excitement* of the *Reflex Centers* of the *Cord*, of the *Peripheral Afferent Nerves*, of the *Genital Function*, and of the *Cerebrum*. It is particularly valuable in *Epilepsy*, nearly always effecting a permanent cure where the cause is idiopathic, and the patient follows up the treatment closely. In many forms of *Puerperal, Infantile* and *Hysterical Convulsions*, the most happy results follow its use. The *ELIXIR SIX BROMIDES* cannot be overrated in relieving *Nervous Headache, Sleeplessness, Neurasthenia, General Nervous Irritation*, and the various *Functional Disorders*. As a direct means of *diminishing* the *frequency* of *Seminal Emissions* it is of great service. We claim that the ELIXIR SIX BROMIDES, is much LESS DEPRESSANT to the CIRCULATION than if a lesser number of the Bromides were administered, also the Iron it contains gives it the great advantage of not being FOLLOWED—even if its use is LONG CONTINUED—by the SEVERE ANÆMIA that so often follow the use of the Bromides given alone.

ELIXIR SIX HYPOPHOSPHITES

The Hypophosphites are as much of a *FOOD* as a *MEDICINE* for the Nervous System,

Unequaled as a Reconstructive Remedy. Only the Chemically Pure Salts enter into its combination.

FORMULA.

Each fluid ounce contains:

Hypophosphite Iron 2 grains, Hypophosphite Lime 2 grains, Hypophosphite Manganese 1 grain, Hypophosphite Potassium 2 grains, Hypophosphite of Quinine 1 grain, Hypophosphite Strychnine 1-16 grain.

MEDICAL PROPERTIES.

This is one of the few happy combinations, of whose therapeutic value the Physician has always been convinced. The *ELIXIR OF SIX HYPOPHOSPHITES* is not only made from chemically pure salts, but is *pleasant* and *agreeable* to the *taste*, and is most *reliable* and *efficient* in its *action*. This remedy has had a high reputation in *Scrofulous Diseases* and *Defective Nutrition* of the *Nerve Centers*, furnishing *Phosphorus* to the Tissues, thus acting as a *Nervous Stimulant*. As a *Nutrient* and *Restorative* in *Pulmonary Consumption, Bronchitis, Asthma, Dyspepsia, Nervous Exhaustion, General Debility* and *Chronic Wasting Diseases*, it cannot be overestimated, and for the restoration of feeble and exhausted constitutions, whether occurring in infancy or old age, is invaluable.

ELIXIR SIX APERIENS

A *PURE LAXATIVE* made from the fresh-selected Drugs, Suitable for all ages and conditions in Removing Constipation.

FORMULA.

Each fluid ounce (with Aromatics) contains:

Rhamni Purshiani Cortex (Cascara Sagrada) grs. XXX.
Podophyllum Peltatum (May-Apple) grs. XXX.
Taraxacum Officinale (Dandelion) grs. XXX.
Juglans Cinerea (Butternut) grs. XXX.
Cassia Acutifolia (Alexandria Senna) one drachm.
Potassii et Sodii Tartras, (Rochelle Salt) one drachm

There are few disorders that cause so much mischief as **CONSTIPATION.** The **ELIXIR SIX APERIENS** is recommended as a *pleasant, efficient* and *trustworthy* remedy for *obstinate constipation* of the Bowels and the Diseases which attend it, as *Headache, Flatulence, Piles, Liver, Stomach, Intestinal* and *Uterine Troubles*, and the MANY OTHER AILMENTS which the physician can trace to *FÆCAL RETENTION*. Amongst the many advantages this Elixir has, it does not tend to leave the Bowels in a confined state, but Strengthens the Muscular Fibres of the Intestines, thereby producing permanent benefit upon the Peristaltic Action of the Bowels. The tendency to griping and nausea produced by the ordinary Cathartic is overcome by this elegant Pharmaceutical Preparation which MOVES THE BOWELS GENTLY WITHOUT PAIN OR OTHER INCONVENIENCE. We attribute its mild and efficient action on the Bowels to the *combination* of the Six well-selected Laxatives.

Physicians when prescribing will please write:
R ELIXIR SIX original bottle—*(Walker-Green's)*

Druggists will please write directions on their own labels.
A full size bottle of either Elixir will be sent to any Physician by express prepaid on receipt of $1.00.

WHOLESALE PRICE PER DOZEN, Iodides, $8; Hypophosphites, $6; Bromides, $6: Aperiens, $4.

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HYPNOTIC, NEUROTIC AND NERVE SEDATIVE

For Insomnia and the Neuroses Sulfonal is a safe and active remedy, inducing physiological sleep, free from narcosis, and without sequelæ. Sulfonal is a reliable hypnotic, and is endorsed alike by neurologists and general practitioners. Sulfonal is best exhibited in solution with boiling water, which is allowed to cool until it reaches the drinking point. *Supplied in ounces, tablets and pills,* and in tablets with Phenacetine.

SOMATOSE

Is a preparation of meat, and consists essentially of Albumoses, with only a minimum amount of peptones which have slight nutritive value. It is an odorless, light-yellow powder, readily soluble in water, and contains the nutrient salts of fresh meat. Somatose is useful in febrile diseases, gastric affections, phthisis, anæmia, rickets, etc. Supplied in two ounce, quarter, half and one pound tins.

TRIONAL

is a nerve sedative and hypnotic which has given very satisfactory results in cases not benefited by other drugs. It is valuable in simple agrypnia, in mental excitement and delirium accompanied by obstinate insomnia, and in narcotic habitués. It acts promptly, safely and effectively. Where pain is present Trional may be given conjointly with Phenacetine. Dose 15–30 grains. *Supplied in ounces.*

EUROPHEN

is a complete substitute for Iodoform. It is the best known cicatrisant for open wounds, and catarrhal or ulcerative lesions, whether or not of a specific character; and it has a special value in minor and general surgery. EUROPHEN has five times more covering power than iodoform and adheres firmly to denuded surfaces, forming an impervious antiseptic coating. EUROPHEN is supplied in ounces.

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For LITHIASIS, acute and chronic gout and the uric acid diathesis generally, no remedy has succeeded so well as Piperazine. In Renal Colic and Hæmaturia, also, it is efficacious. PIPERAZINE-BAYER is made by a new process whereby its cost is greatly reduced. Piperazine-Bayer is supplied in *half* and *one ounce vials,* also in *tablets.* In painful conditions it may be combined with Phenacetine-Bayer.

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PREPARED from the Etherial Extract of the Needles of the Pine (Pinus Pumilio) growing in the Black Forest of Germany. Valuable in the treatment of all forms of diseases of the Skin, ECZEMA, LICHENS, PRURITIS, SCABIES ETC. A delightful and efficacious ointment in these affections; allaying the intense itching or burning, aiding desquamation and speedily setting up a normal reaction in the epidermis and deeper layers of the skin.

PINEOLINE will not suppress eruptions thus averting the unpleasant symptoms so frequently manifested by other dermal applications.

A VALUABLE PRESCRIPTION

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Sig. Apply two or three times daily or when or in any other desirable way.

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The only Remedy that possesses positive merit and its powerful action has been successfully demonstrated in Obesity and fatty degeneration of the heart, without leaving any detrimental results, either to the general health of the patient, or to the structures involved, but on the contrary restores them to a healthy, normal condition.

PHYTOLINE IS PUT UP IN TWO OUNCE BOTTLES ONLY AND IS PRESCRIBED IN TEN DROP DOSES BEFORE AND AFTER THE THREE DAILY MEALS.

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Each fluid drachm represents 15 grains of the Combined C. P. Bromides of Potassium, Sodium, Calcium. Ammonium and Lithium.

Uses: Epilepsy, Uterine Congestion, Headache, and all Congestive, Convulsive and Reflex Neuroses.

This preparation produces results which can not be obtained from the use of commercial Bromide substitutes.

DOSE.—One to two FLUID drachms, in WATER, three or more times a day.

CHIONIA FROM CHIONANTHUS.

Uses: Biliousness, Jaundice, Dyspepsia, Constipation, and all Diseases Caused by Hepatic Torpor.

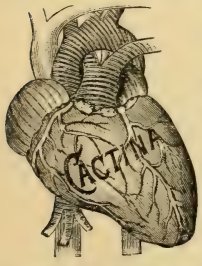
CHIONIA stimulates the Liver and restores it to a healthy condition, without debilitating the system by Catharsis; does not purge, per se, but under its use the Liver and Bowels gradually resume their normal functions.

DOSE.—One Fluid Drachm three times a day.

SAMPLES SENT TO ANY PHYSICIAN WHO WILL PAY EXPRESS CHARGES.

PEACOCK CHEMICAL CO., - ST. LOUIS.

CACTINA PILLETS.



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Cactina is the best cardiac and general tonic in the materia medica, and, therefore, indispensable in the treatment of every form of weakness.

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The best form of Beechwood Creosote, devoid of its harmful properties. It contains 92 per cent. of the purest beechwood creosote in chemical combination with 8 per cent. of carbonic acid. Its action is non-caustic and non-irritating to the mucous membrane of the digestive organs, contrary to that of creosote; and it will agree perfectly with the most sensitive patients.

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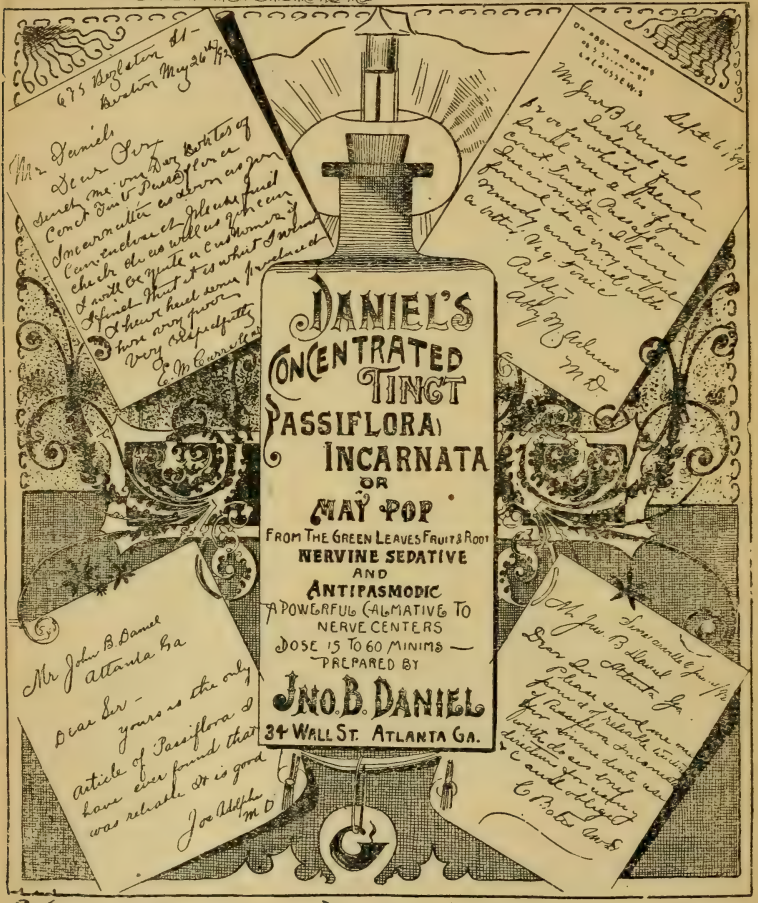

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If you have not tried this remedy, we should be pleased to send you a sample for trial.

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Pharmaceutical Chemists. CHICAGO.

Gray's Glycerine Tonic Comp.

Formula Dr. JOHN P. GRAY.

Each Fluid half ounce contains:

Glycerine	80 minims	Gentian Root	10 grains
Sherry Wine	80 minims	Ext. Taraxacum	15 grains
Phos. Acid Dil	12 minims		
Carminatives:	q. s.		

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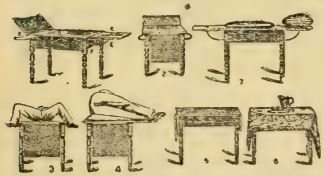

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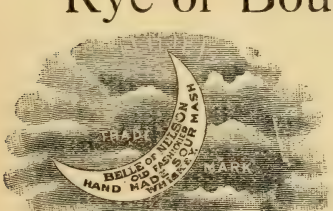

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Charlotte Medical Journal.

VOL. IV. CHARLOTTE, N. C., MARCH, 1894. No. 5.

Original Communications.

Typho-Malarial Fever. (?)

BY WILL B. CRAWFORD, M. D., LEXINGTON, N. C.

Mr. President and gentlemen of the Davidson County Medical Society:

The subject to which I ask your attention is strikingly similar to the recent extra session of Congress. It bears a big name, is a very convenient term, but when we come to study it closely, and sift it down, we find but very little in it, and no doubt justly regarded by many as a mere matter of past history. We will, therefore, in its discussion, be excusable if, like the befuddled Congressman, we pause to inquire: "Where am I at."

In medical nomenclature, it is the term applied to a hybrid fever whose principal origin was in the circumstances of the late war. By its local origination it was called "Chickahominy fever," and afforded food for considerable thought, claiming a prominent place among recognized diseases, and even under the effulgent lights of advanced medical science, when, as we are told, myriads of microscopical germs, in countless thousands float on every breeze, bathe their infintesimal beings in every drop of water, and impregnate every zephyr, "seeking whom they may devour," still some writers give it a very prominent place, while others, Roberts for one, does not mention the subject.

There is no doubt that at the time it originated, the term probably very aptly and appropriately applied to the existing fever.

It was said to be of threefold type—malarial influence, crowd poison, and scarbutic taint—sometimes one predominating, sometimes another, though with an entirely different and distinct onset.

Those cases in which the malarial element was more clearly manifested, there was abrupt commencement, gastric disturbance, icteroid skin, and remissions.

While in the more prominent typhoid cases, there was exhibited a slower onset, cerebral disturbance, diarrhœa, and the attending prostration of the pathogenetic element. The scorbutic complications was recognized by the peculiar mental and physical prostration, irritability of the heart, state of the gums, tendency to hemorrhage, and extremely protracted convalescence. It was claimed by Dr. Woodward that post mortem appearances alone rendered it an easy matter to distinguish it in the later stages. However, in a later publication he stated that in those cases which showed intestinal lesion, there was nothing to distinguish it from ordinary typhoid fever.

Da Costa says: Post mortem cases showed in the majority of cases that neither the solitary nor Peyers glands were ulcerated.

So far as my own experience extends, I never saw a case of so-called typho-malarial fever. I have seen cases whose clinical manifestations were those of malarial fever, with some prominent typhoid symptoms, cases which were simply continued malarial fever, complicated with a typhoid state, or lapsing into it; but this may occur in many other diseases where there is long continued acute inflammation and subsequent absorption of the products of inflammation in large quantities.

It is noticeable occasionally in inflammation of the bladder, pneumonia, and acute miliary tuberculosis, and other diseases where we have absorption of inflammatory products.

It would be more correct, in such cases, to say, "the typhoid state in pneumonia," and so on throughout the list.

In years past the physicians were confronted by a disease which was not typhus fever, but presented many of its characteristics, and not being familiar with its pathology, they called it typhoid, which means, "like typhus."

Knowing, as we do now, that it is an inflammation and ulceration of that part of the small intestine near the ileocecal junction, where the glands known as Peyers patches are located, and that its most striking phenomena being the complete prostration of the vital powers accompanied by a discharge, the products of ulceration, which, being subsequently absorbed, thereby poisoning the entire system, constituting a veritable blood poisoning. Would it not be more scientific, and decidedly more appropriate, to call it "Enteric fever?" Now, in the types of Typho-Malarial Fever,

so-called, there is no ulceration of Peyers patches, but we have often a long continued fever, and often the vital powers are so overwhelmed that we have the typhoid condition just as we have in true enteric fever, due to the absorption of inflammatory products, the result of acute inflammation of some tissue or organ of the system, corresponding to the characteristic lesion in true typhoid, or enteric fever, as it should be termed.

But every continued fever is not typhoid no more than every pain in the side, and congested lung is *pneumonia*, or every throat trouble diphtheria. Each have their characteristic and pathognomonic symptoms.

How many cases of pneumonia recover in four days, or diphtheria in two, or typhoid fever in fourteen, from the time they are first attacked? We see such cases reported occasionally. I don't believe one word of it.

It is decidedly an easier task to say, after seeing a patient several times, and then finding the tenderness and gurgling in the right iliac region, that it is a typical case of "*Typho-Malarial fever*," than it is to confess thot we were misguided by the symptoms, and mistaken in the diagnosis, when it was a case of Typhoid fever from the beginning.

And just here, I wish to inquire, by way of parenthesis, if typhoid fever *can* be cured in two weeks. I see a report of 48 cases, most of them cured in three weeks, and good many of them in two weeks, with only one hemorrhage from the bowels, the mortality reduced to insignificance. This does not compare with my own experience by far, and the question came to me, possibly my diagnosis, treatment, etc., were not directed on the proper principles, or different localities produced different influences on the trouble, for I cannot get my patients out of bed from five to eight weeks from the time they are first attacked, and if any complications arise, convalescence is correspondingly prolonged.

But if you will pardon the digression, I will return to the subject. According to the natural laws of affinity, it really does not seem that there could exist special influences of different types in the same individual, at the same time, so as to produce as its name emplies, a fever, in which the elements of Typhoid and Malarial are variously blended.

Let us consider for a moment the characteristics of the two fevers as separate and distinct from each other.

Typhoid fever is more prevalent in late fall, is limited to no special locality, is confined to no region, and whose preferred habit is high dry places, if there is any difference as to locality, is caused by drinking water or milk, contaminated with the poison.

Malarial fever is more prevalent in spring, impregnates the water of low lands, alluvial soils, swamps, etc., and requires for its development three essential conditions, namely, decomposing vegetable organic matter, certain temperature, and certain amount of moisture.

'Tis said by one, that malaria is everywhere but in two places—Hades, where it is too hot, and Heaven where there is no evil thing.

There is then no common association, and under the light of bacteriological investigotion since the development of the bacillus of typhoid and the shining spares of malaria (?) there is nothing to sustain their connubial relation, according to the natural laws of affinity, which in microbic life obey the same laws, and are influenced by the same natural conditions, as higher organized beings. Are not the laws of the lower order of life but a counterpart and similar process, to those of higher life?

Can it be, with such diversity of differences, such antagonizing conditions, that the two *could* blend in such perfect harmony as to produce in a patient what the term implies?

To my mind, it most assuredly could not be the case. I have often wondered why it was that Doctors, as a rule, carefully avoid ever acknowleding a mistake. It is exceedingly rare, and a very hard thing to do, and arises perhaps from either a false modesty, keen professional competition, or is the result of an innate, inherent principle to propagate mysticism, and appear with such a profundity of character, and overwhelmingness of manner, as if they were one of the eternal decrees.

We are none of us infallible, and how infinitely wiser it would be if we were as eager to make known our mistakes, as we are anxious to herald abroad our successes.

As conscientious men, loyal to our grand and noble profession, true to our own selves, and faithful in the discharge of our duty to those among whom we labor, who intrust their lives and the lives of their dear ones to our care and protection from the ravages of disease, who open to us the doors of secrecy in their homes, and

draw back the curtain for us to enter its most sacred chamber, we owe to ourselves, and to these dear ones, to do all in our power to obtain a more scientific basis, and to simplify, instead of revelling in speculative impracticability.

We cannot accomplish this by magnifying the ills of our patients, whether actuated by selfish motives, either mercenary or professional, or prompted by an inordinate desire to rise above mediocrity in the ranks of our profession, as a *successful practitioner*, when we are all the while deceiving those who place most confidence in us. But we can do so by a careful study of every case first, and then acting in accordance with our *honest convictions*, and calling things by their right name.

In conclusion I would suggest that we be more careful in diagnosis, and not refer every malarial element to genuine cases of typhoid (they are exceedingly rare) as more mistakes occur probably in this than in all other diseases, especially as regards treatment—by quinine, and as more appropriate, more scientific, and decidedly more descriptive name, it has been suggested to call the so called Typho-Malarial fever Asthenic-Malarial fever.—*Paper read before the Davidson County Medical Society.*

On Some of the More Common Forms of Multiple Neuritis.

By Joseph Collins, M. D., Instructor in Nervous and Mental Diseases in the New York Post-Graduate Medical School and Hospital, Visiting Physician to St. Mark's Hospital and to the Hospital for Nervous Diseases.

By the term multiple neutitis is meant a parenchymatous or interstitial inflammation of several of the peripheral nerves. This inflammation varies in its intensity from slight disturbances in the nutrition of the nerve trunks and their branches to complete destruction. By virtue of the fact that a morbid condition of the blood is at the bottom of all cases of multiple neuritis the distribution of the lesion is generally symmetrical. The natural consequences of inflammation of a nerve is a disturbance of its functions and this disturbance generally is proportionate to the intensity and extent of the lesion. The most common objective symptom is paralysis. This paralysis varies in intensity from the slightest forms, to which the name paresis is frequently applied to a complete and absolute loss of motion in perhaps all the extremities. Within the past few years many clinical types which had pre-

viously been considered as affections of the central nervous system have been shown conclusively to be dependant on inflammation of the nerves, and the result is that to-day, a great number of cases which formerly were considered quite incurable can be promised more or less complete recovery.

It is my purpose here to consider some of the more common forms of this affection by citation of cases illustrating some of the "every day" causative factors. In a general way it may be said that the essential underlying cause in the production of multiple neuritis is some poisonous matter in the blood. There are certain poisons that manifest such a marked predilection for the peripheral nerves that they can not be too severely emphasized. Of all the toxic substances; one, alcohol, is so frequently the direct exciting factor that it is *facile princeps* in causing the disease. This is especially true of adult women. Many hypothesis have been advanced to account for the frequency with which the ingestion of alcohol is followed by the development of multiple neuritis in women, but none more rational than the one that explains on the grounds that women are more apt to make a solitary vice of the drink habit, and further they do not have the opportunity to facilitate the oxidising of the alcohol by means of work and exercise in the open air, which is vouchsafed, or rather forced on the stronger sex. Next to alcohol the most common cause is some septic matter in the blood. That is the result of germs or the toxine manufactured by germs. Such for instance is the neuritis that follows the puerperal state, and septicaemia and the neuritis that follows the specific fevers, such as diphtheria, typhoid, scarlitina, tuberculosis, erysiplas, etc. After this class of etiological factors the metallic poisons are most potent and particularly arsenic, lead and mercury. Then comes in a class of causes in which rapid deterioration and change in the constituents of the blood accompanied by the development or presence in the blood of substances which may be called toxic, such for instance as rheumatism, diabetes, etc., is the cause of the disease.

The endemic forms which occur in the Orient and tropical climate is seen in this country only when imported.

In a general way the disease occurs much more often in women than in men and is most liable to occur during early adult life, although a form of this trouble is not an uncommon concomitant

of old age, and is known as senile neuritis. Anything that lowers the vitality of the system, and particularly when the mental as well as the physical vitality becomes depressed is a powerful predisposing factor.

The influence that exposure to cold has in causing the disease is not easily determined, for in most every case in which exposure to cold is held accountable, some other important attributable factor can be found. Suffice it to say, that not uncommonly, exposure to cold in inducing conditions akin to the rheumatic state may be very incidental in precipitating an attack.

The essential symptoms are sufficiently emphasized in a consideration of the following histories:

Case 1. Female, 28 years old, by occupation a clerk, no important family history, is married, has had two children. No history of specific disease. She confesses to drinking whiskey and mixed ale in liberal quantities for the past eight years. It has been her custom to drink whiskey before breakfast every morning, then to average three or four drinks of the same liquor during the day, while at evening she devoted herself to mixed ale. For the past three months she has increased the quantity of whiskey to a pint or more per day. She did this principally to counteract disagreeable sensations which troubled her, such as weakness in the extremities, lack of energy, feelings of general malaise and prostration. For the past few weeks she has complained of pricking sensations and numbness in the extremities, particularly in the lower extremities. Shortly after she noticed that it was becoming more difficult for her to go up stairs, and that frequently she stumbled and had a tendency to drag the toe. Frequently cramps in the legs, particularly at night would be troublesome. Soon she noticed that the hands were getting weak and on the radial side especially she felt numb and unwieldly, so that she has lost the dexterity of the thumb and index finger to a considerable degree. She is unable to sew or pick up small objects. If she tries to use the hands the strength all leaves them. She has a good deal of pain in the extremities at night and morning.

Examination demonstrates that the patient is anaenic although the face still shows a moderately good nutrition. The extremities are considerably atrophied particularly on the front of the legs. When the legs are allowed to hang the feet drop down slightly,

constituting the earliest stage of what is known as "foot drop," quite a pathognomonic sign of neuretis. When asked to stand with the heels and toes together and the eyes closed she manifests considerable swaying, this constituting what is known as the Romberg symptom ; the presence of which depends on the fact that proper sensorial impressions are not received in the central nervous system from the peripheral nerves. The knee reflexes are considerably lessened in liveliness and extent. Forcible extension of the fingers and hands causes pain. Tracing the course of the superficial nerves of the forearms and legs and pressing on them at various points reveals considerable tenderness. There is diminished sensibility to touch, pain and contact, which is more marked in the lower extremities. On electrical examination it is seen that there is diminished faradic excitability, although there is no complete loss of response to either the faradic or galvanic current. With the faradic current a contraction occurs only when the current is of sufficient intensity to cause the patient a great deal of pain. The change in the voltaic irritability is not so well marked, for already, probably, changes have gone on in the muscles, secondary to the changes in the nerves which cause the muscle to respond more actively to the voltaic current. The fact that faradic irritability of the nerves is still present though in a minor degree is a good harbinger for it indicates that there is but a partial destruction of nerve trunks and their intra muscular branches.

The general health of this patient is as would be expected in one who had abused her constitution so much as has this patient very bad. She has nausea in the morning, her food when she is able to take any ferments shortly after she takes it; the bowels are irritable in their action, sometimes diarrhœa and then constipation for several days. Frequently defacation is attended by distressing burning sensation in the lower bowel which is not exactly tenesmus. The urine frequently scalds her when she passes it.

The prognosis in this case is rather favourable, providing of course that the patient is willing to reform her habits, and that there is associated with the multiple neutritis no marked changes in the blood elaborating and blood purifying organs. The treatment to which she will be subject is first of all the interdiction of alcohol in every form, the administration of a sedative and hypnotic such as chloralamid or sulfonal to relieve the distress and

cause sleep. This factor is really very important in contributing to the recovery, not that any drugs of this class has any benificent influence on the disease *per se*, but they do relieve the symptoms for which stimulants are frequently taken and thus indirectly re-remove the desire for alcohol is taken. Next we will give our attention to the digestive tract, first by regulating the diet, administering such substances as milk and underdone lean beef, which are least prone to undergo intestinal fermentation; secondly, the administration of a sample bitter combined in this case with small doses of digitalis to counteract the weak spells, which are mild forms of syncope, of which she complains. For this purpose we will give:

℞. Tr. Digitalis,..... ℥iii.
Tr. Cinchonae Co..... ad ℥i.
Sig. Dessertspoonful before eating.

Then one hour after eating we will recommend that she take in order to combat fermentation:

℞. Bismuth Salicylatis,..... ℥ii.
ft. pulv. No. 20.
Sig. One powder t. d. i.

In addition to these measures we will insist that she takes plenty of pure water in order to furnish a medium to assist in carrying off the poisonous matters of the blood and at the same time to combat the acidity of the urine, which is now the cause of the scalding on urinating. For this purpose she should take from four to six glasses of Highland Spring water each day. Then we will instruct her to wear flannel underwear and stockings. To maintain the nutrition of the paralyzed muscles we will apply galvanic electricity daily to the extremities. Not that electricity has any influence in facilitating the regeneration of the diseased nerves, but it serves to keep the muscles in good condition and when nature has completed the restoration of the nerves the muscles will be present in order to manifest the activity of the nerves. In many cases it is necessary to adopt measures to prevent the appearance of deformity, but in this case there are no grounds for fearing secondary contractures as the lesion is not sufficiently complete.

The remedies directed to the improvement of the general nutri- of the patient must necessarily be varied frequently, especially the bitter tonics, for the best of them lose their efficacy after a few days

duration. Iron in some form, such for instance as the Bitter Wine of Iron, should be given periodically in small doses.

I will next give the history of a case resulting from a similar cause, but in which however the symptoms were much more severe.

Case II. Female, 59 years old, no family history; denies specific. Was well up to 3 months ago. Has been accustomed to drink beeer, whiskey, alcohol or anything else in the shape of stimulant that she could lay hand to and to drink it any time in the day when convenient. Three months ago after exposure to cold she had severe pain and great tenderness mostly in the feet at first and afterward in the legs and hands.

Rapidly succeeding these symtoms she became paralyzed in all all four extremities. This was so complete that she could not lift her feet from the bed or carry her hand to her mouth.

On examination the feet are seen to be markedly in the state known as foot drop. Owing to contracture in the unaffected muscles the legs are flexed on the thighs and the thighs are drawn up and cannot be straightened out. She can lift the right heel from the bed but not the left one. The grip of the hand is almost absent, there being a little more in the left than in the right. Reflexes are all absent. The extensors of the forearm are very weak and there is considerable wrist drop. Pain and tenderness on pressure along the course of the nerves in the legs and forearms. Great loss of tactile sense, Two points at a distance of two inches are recognized as one. Considerable anaesthesia to touch. Thermal sensibility normal, advanced atrophy of the anterior and peroneal group grans of muscles of the legs and of the extensors of the forearm. Absent faradic irritability in the nerves going to these muscles. Irritable galvanic response. No involvement of the sphincters.

Mentally the patient at first was nervous, sleepless, excitable and restless. Now her memory is very defective and she remembers very little about how long she has been in the hospital, and what has been done for her, where she lived previous to coming here, etc.

Frequently she complains of peculiar sensations in the extremities, of which the one known as the rolling shot sensation is the

most common. Fibrillary twitchings are occasionally bothersome.

The psyhchical defect which this patient presents is not an uncommon concommitant of the latter stages of multiple netritis of alcoholic origin. It is not seen when the neutritis is attributable to other causes.

(To be continued.)

Read by Title before the Mississippi Valley Medical Association, Oct. 1893.

Physical Culture in Pulmonary Phthisis.

BY C. F. McGAHAN, M. D., AIKEN, S. C.

I will not take up your time by sounding the praises of some new therapeutic measure in the treatment of pulmonary phthisis. Tuberculin, and its modifications, the double iodide of gold and sodium, the iodides of gold and manganese, creosota and other drugs and treatments too numerous for me to even mention, have had their day. Most of them have passed into oblivion, and the apparatus used has been stored away as a curiosity.

What I do wish to call your attention to is physical culture, not only in those who come to our notice with weak chests, but to solicit your aid in bringing it before the proper authorities, so that physical culture will be as important a part of a school girl's or boy's life as their A. B. C's, or any lesson in grammar, Geography or history. My heart aches when I see a bright lad of from 10 to 14 years, sitting in the house all the time with some large book the foolish parents encouraging it thinking that their child is so much brighter than others of the same age, and expecting the world a few years later to bow down and worship the genius. Poor misguided mortals, too late are their eyes opened to the fact that their darling has developed the brain to the neglect of the rest of the body, and exacting nature ever anxious to make sturdy men and women crops off the weaklings as a gardener thins out the weak trees to make the stronger ones grow more sturdy still.

Four-fifths of the cases of phthisis that occur would never happen if the victims of it had paid proper attention to the development of their chest. How few people that we see actually know how to breath. In my examinations of supposed healthy subjects for life insurance it is very seldom that the chest has much mobil-

ity. When I examine the chest of a phthisical patient I pity most of them for the narrow undeveloped chest that they possess. My first object is to teach them to expand their chest and allow as much air as possible to get into the alveoli of the lung so as to properly oxygenate the blood. To show them how to do this properly takes as much care, study and exact instruction as is necessary in prescribing any other therapeutic measure. But by doing this I consider that I am administering to them the best possible tonic, fresh air free from all impurities and rich in ozone, such being the character of our air at Aiken. Those of you who are not so fortunately situated can give the air as pure as you can possibly get it. By breathing we understand the systematic expansion and contraction of the chest in order to allow air to enter the lungs, each expansion and contraction together being called a respiration. The diaphragm is the great muscle of normal respiration, and in those chests where we see scarcely any mobility during the respiratory act, it is almost the only one that takes any part. But that is not as it should be, for in every respiratory act the intercostals with the levators costarium, the scaleni, serratus posticus inferior, and subclavius, should take part. in respiration after the diaphragm has contracted and increased the cavity of the chest by incroaching upon the abdomen then the external intercostals should act and rotate outward and upward the anterior portion of the ribs, the levators costarium now come into play with their fixed point on the transverse processes of the dorsal vertibræ, they act upon the ribs below by raising and rotating them outward. By the action of the external intercostals, and the levatores costarium the cavity of the chest is increased both laterally and antero-posterio. By having the head and neck fixed the three scaleni muscles raise the two upper ribs and make a fixed point from which the intercostal muscles act. The serratus posticus superior with its fixed point at the cervical and dorsal spines raises the 2d, 3d, 4th and 5th ribs, the first being raised by the subclavius.

Ordinary expiration is performed as a passive act by the elasticity of the lungs, and the ribs fall to their normal place when the elevators cease to act. These muscles, gentlemen, should take part in every respiratory act, and if we will impress upon our patients the necessity of making them act, we will find that our number of cures from phthisis will be greatly increased. We can

teach every one, no matter how weak they are, to use these muscles. It will do them good to exercise and use these muscles of normal respiration.

Now that we come to the muscles of forced respiration we cannot allow a person to use them who has not been accustomed to it, as they will have to be trained gradually, and in those who are very weak they had better be content with performing the normal respiratory act physiologically, than run the risk of the danger that might accrue from straining the tissue of the lung. The muscles of forced respiration on the Pectorales Major and Minor, Serratus Magnus, Latissimus dorsi and Sterno Mastoid. Forced expiration is performed by the abdominal muscles assisted by the Triangularis Sterni, Serratus posticus inferior, Quadratus lumborum and Sacro Lumbalis. The origin, insertion, and action of each of these is important so that we can instruct how to exercise them, but I will not delay you with the origin and insertion, for I trust they are as familiar to you as the dose of Morphia and if by chance you may have forgotten any one, it will be found in any work on anatomy. It is impossible to breathe properly with tight corsets or with the body in a bent over or cramped position, thence these things must be rectified and the patients must be made to hold themselves erect, so as to allow the chest to expand properly. sitting in an arm chair with the hands upon the arms of it will suffice, for persons who are very weak, to exercise the normal muscles of respiration. They can take moderately full respirations, thus exercising the Intercostals, Lerators Costarium, Serratus posticus Superior and diaphragm. This position for ten minutes, three times a day, is plenty for one to begin with, and as they feel that they are gaining strength they can take deeper respirations until they almost get to forced respirations. Finally I often find it advisable to prescribe some kind of respirator with some medicine to be dropped upon the sponge, not that I think the medicine on the sponge will help the pulmonary trouble, but the more exact directions you give and the more fully you impress upon the patent the necessity of doing just as you say, the more importance they will attach to the necessity of so doing. The good that I accomplish by the respirator is the systematic and regular expansion and contraction of the chest. The respirator is used at first about 15 minutes three times a day, and as the patient becomes used to

it, they will wear it hours at a time, when they are confined to the house. I prefer the fresh air to be inhaled without a respirator when the weather will permit being out of doors. A very handy and efficient instrument is sold in the shops, under the name of Beverly Robinson, for about 40c.

So much for the chest exercise of those who are suffering from the advanced stages of Pulmanory disease. For those who have weak or imperfectly developed chest, we have several forms of exercise that are excellent. One pound dumb-bells, with one to two pound Indian clubs, using them for 15 minutes morning and evening, will at the end of a month show wonderful results.

The Dowd exercise apparatus is also an excellent addition to the bed room. You can make the exercise as mild as desired by it, and gradually increase the severity as the patient becomes stronger.

The Delsarte school of Physical Culture is to be especially recommended, as by their system almost every muscle in the body can be exercised, and the body is rendered flexible and supple. The best single exercise that I know of is the swinging of the Indian clubs; it is not necessary to get heavy ones, but far better to have them light. The different evolutions that one goes through with them, exercise fully all the muscles of the upper extremities, the chest and back.

Walking is to be especially praised as being one of the best forms of exercise, but it must be done in moderation, and with every case it is absolutely necessary to tell the patient just how far to walk. My golden rule has always been to tell a patient to walk as far as he can without getting the least tired, for once he feel fatigued it shows that he has gone too far, and that he is apt to do himself harm by the walk, instead of good. But my experience this summer has proved to me that we must be even more exact. A young college athlete consulted me for a cough that he had had for about four months. Upon examination I found a slight congestion of the apex of the right lung. He was very muscular, and upon my telling him to walk until he felt the slightest fatigue, he took a daily walk of twenty miles, with the result of increasing his cough and losing weight. As soon as I found out what he was doing, and ordered him to walk in moderation, he immediately began to improve and in a few weeks had lost his cough entirely. With my instructions for walking I always advise exercising the legs by

standing upon one and swinging the other. It makes the muscles of the thigh supple.

For persons who are well, horseback exercise is excellent and to be recommended, but for those who are sick it has to be prescribed with a great deal of care. Not only is it necessary to advise how long the ride should be, but also the speed at which the horse should go. Right here let me say that for a person out of health the horse should never be taken off his natural gait. Then the horse must be selected, and one must be secured which has an easy gait. Gentlemen, unless your patient is able to get some reliable person, who is a good horseman, to pick out an animal for them, they had better omit the horseback exercise, for I have seen more harm come from it than any other thing. It is a well known fact that stable men will put a beginner upon a horse that is so rough and stiff that he is nearly shaken to death before he learns how to ride. Here in the North you like to ride trotting horses; they are not fit for a patient to get on, and they will do him actual harm. Except in the first stage of the disease horseback riding had better be omitted for the buggy.

I now come to the cold bath in the morning, and this is one measure upon which I wish to pay the greatest stress. For in one of its modifications every one can take it, and they will derive more benefit from it than from anything else. It will prevent catching cold and gives tone to the system. With a very weak person it is not advisable to do more each morning than bathe the chest with a cloth wet with cold water, then as they become strong and accustomed to the water a sponge should be used over the chest and back, allowing the water to run from the nape of the neck down the spine. For patients and for most persons this will be found sufficient, but for those who can accustom themselves to a plunge in a tub of cold water every morning, there is nothing better or more invigorating. I have never seen but one patient that I could not accustom to the use of cold water.

My next point should really come under hygiene, but I consider it so important, and without it the physical culture will amount to nothing, that I mention it here. It is free ventilation, and by it I do not mean to ventilate the room every hour or twice a day, as is the usual custom, but I want fresh atmospheric air from the outside continually coming in the room. Care must be exercised that

the patient is not in a draught, which can easily be arranged. In our southern homes, with a window slightly raised and a open fire place, you get a continual exchange of air, the current running from the window to the fire place, but in rooms where there are no open fires you must raise the window a little from below, and lower it a little from the top. One should always sleep in a room with a free circulation of air, no matter how cold it is, put on plenty of covering but keep the window open. And when I tell you that with it 20° below Zero I have slept with my window wide open, you see I know what I am expecting my patients to do. As far as it is in our power we should not allow persons or children to be crowded into rooms where there is not 600 cu. ft. of air for each person, and invalids or delicate persons should have 1000 cu. ft.

I am anxious to see the time when there will not be a Primary, Grammar, or High School in this land, where physical culture is not taught, and now that several of our Academic colleges have added Biology to their list of studies, I hope in the near future to see Hygiene made a compulsatory study. Look at the boards of health in most of our cities, they are composed of men who for the most part have not the first idea of Hygiene. Then if all of our school commissioners were as well up on Hygiene as they should be, we would find less pulmonary complaint amongst teachers and pupils of public schools. The medical department of the University of Pennsylvania is to be especially commended on their experimental school of Hygiene, where they are going to inform us from actual experiment as to the relative value of the different modes of ventilation.

These are not theories, for I have twice been so unfortunate as to have had well developed phthisis myself. Once twelve years ago, and then two years ago. In both instances I attributed my cure to the directions laid down above. The first time every one thought my policy was suicidal, but now the profession are taking more interest in the development of the chest.

In conclusion, gentlemen, I simply beg you to treat phthisis by hygienic, dietetic and physiological methods. Do not pour every kind of medicine into the victims stomach simply because some one has recommended it. Never give a dose except for certain results, and if you do not obtain them drop it. Above all, guard the stomach, it is your patient's key stone to recovery. Without a good digestion and assimilation, no treatment in the world will restore him to health.

Strychnine.

BY C. C. HUBBARD, M. D., WORTHVILLE, N. C.

Written Expressly for The Charlotte Medical Journal.

There are many cases we meet with which often puzzle us to know what remedy to use. Diagnosis is the most important of any branch of medicine to the general practitioner, but when we so often fail to get at the true cause of the disease we have to go as in the dark.

Strychnine is not a panacea for all ailments, but there are many that can be helped by its use.

1st. Those cases of atomic dyspepsia which have not been benefited by other treatment. In most of these cases we have "heart trouble." It is true that it is reflex in most cases, but I find that most of these hearts need stimulating—or rather regulating. Many cases of irritable heart are effectually quieted by use of Strychnine as by Digitalis. Another symptom of this stomach trouble is fullness after eating with dull headache. I have found that nearly every case of the kind is greatly benefitted by the use of the Alkaloid. Sometimes Bi. Sub. Nit. is of help, especially where we have any tenderness in epigastrium. In most cases

℞ Strych. Sulph.....gr. i
Aquae..... f℥ iv.

M. st Sig. Teaspoonful before meals, will be best treatment.

2nd. Cases of persons who have been paralyzed, but have never completely recovered from the attack. I often use gr. $\frac{1}{20}$ before meals to be kept up for a month or months at a time watching for Physiological effects and leaving off its use occasionally. The trouble with us is in not giving enough. One of my cases, a woman of 63 years, almost lives on it. Three years ago she was slightly paralyzed. When taking some of "that medicine"

[Strychnine Sulph. gr. iii, Aquae f℥ viii. Teaspoonful t. d.]

she does her housework, but after leaving off the medicine for a week or two she gets almost helpless. Someone may say that this is "whipping the brain" too much. If she did not take the Strychnine she would be down in bed helpless in a very short time. In any, or at least in many cases where the mind is dull, thought is a burden, headache following mental exertion, I find that Strychnine does good.

3rd. As a substitute for whiskey. I have learned from close study of cases to give but little whiskey in Pneumonia. We only prolong the case and are more apt to have a relapse when it is used. In bronchitis when a stimulant is needed Strych. is given even in very young children. One of the Editors in THE CHARLOTTE MEDICAL JOURNAL for Feb. gave some good points along this line. See p. 46.

Lastly, I want to call the attention to its use in cases of the tobacco habit, and where there is free use of "mountain dew." I have often seen the boys in Keely Institute very much affected by this drug. Often when asleep the muscles would twitch, even the whole body would be in a jerking condition. Sometimes after a "shot" the effect could be noticed in a very few minutes. Indeed, I believe it is the basis of Dr. Keely's treatment for inebriety. That the remedy does the good claimed for it is not to be denied, whether it is the Strych. or something else.

In cases of Delirium Tremens especially, when the stomach is in bad condition, it is very useful.

When tobacco in any form, or whiskey has been used for a long period, the *nervous standing* of that patient has become such that in many cases he has not enough backbone to stand alone. The disease theory of those two narcotics (whiskey and tobacco) is true. The nerve centres are the parts most affected. The brain is unable to do its best work when under their influence. Strych. repairs to a great extent the harm done by these agents, and if sufficient dose is given and kept up for a sufficient time I believe that the person may become free from the habit to a great extent. The habit that has taken years in its formation cannot be eradicated in a day.

If any reader of this article is addicted to either the tobacco or drink habit, try gr. $\frac{1}{30}$ four times a day for three weeks or a month. We must watch the effect, but we must get its full effect in safe limits before we can be benefited much by its use.

Sir Andrew Clark—A Reminiscence

BY FRANCIS E. WILLAD.

This chief among the great physicians of London has just passed away in the sixty-seventh year of his age. He was Tennyson's physician and Gladstone's; indeed, so great was his fame, that

when, two weeks ago, he was stricken with paralysis, seven hundred messages of inquiry came to his family in a few hours. He was a small slight man of what we call the wiry type, and a remarkable illustration of what "mind cure can do for a person who is determined to live whether or no." It is said that forty years ago, when he sought admission as a physician in one of the London hospitals the choice fell upon him in preference to a number of equally eager aspirants, on the basis that he was "a delicate little fellow and would not live long anyway." He was condemned to death in his youth by a verdict of physicians, but eluded the same by a novel process—he flung himself into the hardest kind of work, paying no attention to his fears, but concentrated his forces altogether on his hopes.

When I went to see him he extended a hand white as a lady's and soft as velvet and in a voice that matched the hand, went into a most careful diagnosis of my case; beginning with heredity and ending with the last morsel I had tasted that morning, he followed me through every lane of life, ancestral and individual; carefully examining my lungs and heart, saying (I think this was part of his mind cure process) "Beautiful lungs, beautiful heart, no organic difficulty, over-work, nervous exhaustion. What you need is rest, pure air, cheerful companions, simple diet and no end of out-doors."

His manner was most reassuring, and had in it a tender considerateness hardly to be expressed. When he asked to take the the pulse or see the tongue, he prefaced the request with the words, "My dear patient." It was apparent that not only great skill and high character, but a most fortunate manner, were the essentials of his success. He prescribed no medicine whatever, saying that he thought very little of it, and that old Mother Nature was the only true physician, and gave me some simple rules which seem to me so good that I have had them copied for the benefit of any who may care to profit by the wisdom of a man both great and good, and a physician of unrivaled fame.

At my request he wrote down three aphorisms that he had used during our interview: "Labor is the life of life." "Ease is the way to disease." "The highest life of an organ lies in the fullest discharge of its functions." Here follow what he called his "temporary general instructions:"

On first waking in the morning sip about half a pint of water cold or hot; on rising take a tepid sponge bath followed by a brisk general toweling. Clothe warmly and loosely. Avoid chills, damp and passive exposure to cold. Take three simple nourishing meals daily and nothing between them. Breakfast at eight or nine, plain or whole-meal bread, or toast and butter with eggs, or fresh fish or cold chicken or game or tongue, fresh or preserved, and towards the close of meal about half a pint of tea not infused over five minutes, or of cocoatina, or of coffee and milk.

"Dinner from one to two o'clock—fresh, well-dressed meat, bread, potato, some well boiled green vegetable, if it agrees, and either some simple farinaceous pudding or some simply cooked fruit- Towards the close of the meal drink water.

"High tea, five to six hours after dinner, whole-meal bread, or toast and butter, with broiled fish or cutlets, or a chop, or cold meat, or cold chicken, and towards the close of meal about a pint of black China tea not infused over five minutes; cocoatina or cocoaribs may be substituted for tea if it is preferred and if it agrees.

"Nothing after this meal except that on going to bed you may sip a tumblerful of water hot or cold.

"Avoid soups, sauces, pickles, spices, curries, salted, smoked, tinned or otherwise preserved foods; pies, pastry, cheese, creams, ices, jams, dried fruits, nuts, raw vegetables, compotes, confectionery, malt liquors, cider, lemonade, ginger beer, much liquid of any sort, and all sweet, sour and effervescent drinks.

"Walk at least half an hour twice daily.

"Retire as soon as possible after ten. See that your room is airy. Avoid self-notice and self-distrust. Shun ease and lead a full and regular, an active and an occupied life.

"Whenever you have to speak at night, be sure to lie down for an hour before tea.

"Take nothing between meals.

"Never take a sleeping draught.

"Take as little medicine as possible; accept your sufferings; strength is perfected in weakness; in labor you will find life. If you are terribly run down some time go away for a fortnight's rest, and with each meal take a teaspoonful of Fellows' Syrup of Hypophosphites.

Rubidium Iodide—A Substitute for Potassium Iodide.

The study of pharmacology has of late years not been confined to the recognition of the active principles of plants, or even to the elaboration of new complex organic compounds by synthetical means. It has been established that physiological action is as much a periodic function of the atomic weights of the elements as are their physical and chemical characters. Hence it is not surprising that from time to time new metallic salts have been introduced into medicine as superior to those that have already found employment. These salts have generally been the corresponding salts of heavier and rarer metals, such as Strontium for Calcium Salts, and Magnesium for Iron Salts. Recently another instance of this evolutionary process has been afforded by the discovery that Rubidium Salts have the same therapeutical effect as Potassium Salts, without possessing the disturbing effects frequently manifested by the latter.

It will be remembered that rubidium is one of the two rarer metals, Rubidium and Caesium, discovered by Bunsen with the aid of the spectroscope, belonging to the group of alkali metals of which sodium and potassium are typical. The molecular weights of these metals are as follows:

Sodium 23; Potassium 39; Rubidium 85.

The fact at once recurs to the mind that in the administration of iodides in practice potassium iodide is almost invariably preferred to sodium Iodide, although the latter salt contains a larger proportion of iodine. Evidently neither the amount of iodine nor the stability of its combination determines the medicinal value of the halegen salt, or rather the physiological character of the metal in combination is a more important factor than these.

Potassium salts act more promptly than sodium salts, in consequence of their higher molecular weight and greater electrolytic conductivity. Rubidium takes a still higher position on both these grounds.

Electrical conductivity of the Alkaline Iodides:

Dilution d=32; Sodium 105'7; Potassium 128'5; Rubidium 130'6.
" d=1024; Iodide 119'1; Iodide 140'7: Iodide 140'3.

These data not only represent the actual and relative rapidity with which the different iodides are distributed throughout the

2½ per cent. solution once or twice daily causing no inconvenience. Rubidium iodide, therefore, well deserves preference to potassium iodide.

More detailed particulars of the use of Rubidium Iodide in ophthalmic practice are furnished by Professor Bunge, of Halle, on the S. He prescribed as much as 3 to 6 tablespoonfuls of a 5 per cent. solution pro die, either alone or in conjunction with inunction treatment in secondary and tertiary syphilis. The same desired effect was obtained as might be expected with equal doses of potassium iodide, but the unpleasant symptoms of acne, etc., were distinctly kept in the background. Bunge also employed Rubidium Iodide in a series of cases of chronic inflammation of the eye not of a syphilitic nature, especially in chronic inflammation of the optic nerve, where iodine therapy was indicated. Adults received 3 to 6 tablespoonfuls of a 5 per cent. solution pro die, children a correspondingly smaller dose. In some cases the administration of Rubidium Iodide was continued for months, and in every case the best possible result was obtained without troublesome local or other disturbances. As an eye water a 5 per cent. solution of Rubidium Iodide was dropped 2 or 3 times daily upon the cornea and conjunctiva, especially in cases of chronic parenchymatous inflammation. and was well borne.

The therapeutical employment of Rubidium Iodide in the latter stages of luetic affections (syphilis of the pharynx, of the brain and bone) has also been tried by Professor von Mering, and the results obtained with the remedy were most satisfactory.

The remedial action of Rubidium Iodide is evidently the same as that of potassium Iodide, but experience is convincing that individual patients could bear the former treatment better, because it did not disturb the digestive functions, von Mering, therefore, considers Rubidium Iodide is specially indicated in patients in a low state with weak cardiac activity, where the employment of potassium iodide may have serious consequences. The milder taste of the rubidium salt is also commented upon.

Dr. P. Braunschweig, an oculist of Halle on the S, also concurs in the estimation of Rubidium Iodide as a valuable substitute for potassium iodide in syphilitic affections. (From "The Therapist," London. October 15th, 1893.)

is to say, if the cholera bacilli in the bowel had been rendered harmless before they had had time to develop the peculiar poison to which the general symptoms of the disease are attributed.

Molkowitsch treated nearly two hundred cases of diarrhœa with salol. He does not assert that they were all choleraic, though he believes they nearly all were. The diarrhœa lasted from a few hours to several days, generally from one to three days. In these cases the stools at first were partly solid, but subsequently watery. In a certain number (about twenty per cent. of the whole number of cases) the evacuations were accompanied with vomiting. Some of the cases subsequently to the beginning of treatment showed symptoms of cholera-poisoning.

Salol was used in all cases. The first dose to adults was 30 grains, but old people and those of weak constitution received only 15 grains. The three following doses of 15 grains he usually gave every three hours, and the later ones every four or five hours. Often the first two or four powders of 15 grains were given every two hours, but the following ones every four hours. In a word, in the first few days patients received about 8 grammes (2 drachms), and in exceptional cases 10 grammes (2½ drachms). If the diarrhœa ceased and the patients felt neither weakness and nausea nor abdominal pain, and were comfortable, the powders were given less frequently,—every four, then every six hours. Usually the evacuations became less frequent within the first twelve hours, and the stools improved in character. If the patient rejected the first powder, a second was given, followed by hot tea.

In addition to the salol medication, patients were usually kept in bed, warmly covered; for pain, hot applications were employed and hot tea with citron given.

With the exception of dizziness and roaring in the ears, he never observed disagreeable symptoms following the use of salol. He regards the fear of carbolic-acid poisoning from salol as unfounded.

If after his treatment the diarrhœa did not cease in two days, the only cause was a failure to carry out his instructions as to diet. He never was compelled to use morphine but once, and then to relieve pain.—*Therapeutic Gazette.*

For Chronic Laringitis.

℞ Firwein (Tilden), ... ℥ii
Take 2 teaspoonsful every 3 hours till relieved.

SYR. HYPOPHOS. CO., FELLOWS

Containing the Essential Elements of the Animal Organization—Potash and Lime;

The Oxidising Agents—Iron and Manganese;

The Tonics—Quinine and Strychnine;

And the Vitalizing Constituent—Phosphorus; the whole combined in the form of a Syrup with a **Slightly Alkaline Reaction.**

It Differs in its Effects from all Analagous Preparations; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

Its Curative Power is largely attributable to its stimulant, tonic, and nutritive properties, by means of which the energy of the system is recruited.

Its Action is Prompt: it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and produces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE--CAUTION

The success of Fellow's Sprup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of these, **finds that no two of them are identical,** and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, **in the property o retaining the strychnine in solution,** and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. **Fellows.**"

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers sur rounding them) can then be examined, and the genuineness—or otherwise—of the tents thereby proved.

Medical Letters may be addressed to

Mr. FELLOWS, 48 Vesey Street, New York.

Charlotte Medical Journal.

E. C. REGISTER, M. D., J. C. MONTGOMERY, M. D.,
Editors and Publishers,

No. 36 South Tryon Street, Charlotte, N. C.

✣ SUBSCRIPTION, $2.50 PER YEAR. ✣

Articles intended for the Original Department of the Charlotte Medical Journal will be accepted only with the understanding that they are contributed to it exclusively.

Mrs. Erichsen, wife of Prof. Erichsen, died recently in London.

Rush Medical College has a new laboratory which cost $95,000.

The Kansas Medical Journal begins the new year as a weekly.

The late Sir Andrew Clark left a personal estate of over one million.

A bill has been introduced into the Ohio Legislature forbidding circumcision.

The Virginia Hospital at Richmond was formally opened on Jan. 11. Dr. Hunter McGuire is President.

If boils when beginning in a small pustule or papule, with an inflamed zone, are painted over with callodine they will be aborted.

Dr. W. V. Cooke, of Evansville, Ind., while pursuing a series of bacteriological investigations, became infected and died of tetanus.

There are 118,453 physicians in the United States. New York leads with 11,171, Pennsylvania has 8,310 and Illinois comes next with 8002.

Philadelphia has an organized association of physicians and surgeons for the purpose of showing courtesies and attention to visiting physicians.

A Lady had some goods sent home marked C. O. D. A little nine-year-old girl exclaimed: "I know what C. O. D. means. It means 'call on Dad,'" which was singularly near the mark.

Two deaths from diphtheria and one from typhoid fever lately occurred among the younger members of the medical profession of Paris, in the performance of their medical duties.

Miss Hulda Arnold recently died at Milford, Mass., at the age of 104 years. At the age of 14 she began smoking to relieve asthma, she liked it and was an inveterate smoker.

At a recent meeting of the State Board of Medical Examiners of the State of Washington, held at Seattle, there were twenty-one applicants, twelve of whom failed to pass the required examination.

Dr. Waugh, so favorably known for several years past as the talented editor of The Times and Register, has decided to go to Chicago. Dr. Waugh is a very popular and brilliant writer and will be missed from his former home.

There were but three cloudy days during the month of December at Tampa, Florida. This city has a population of 12,000, and an annual death rate of only twelve per thousand, and during the month of December five of these deaths were under one year of age.

The *Medical Times* relates an interesting item. A thirteen year old matron of Roxbury, Conn., has given birth to triplets, one boy and two girls, weighing in all twenty-three pounds. The age of the father is sixteen years. The mother is robust and developed beyond the average of girls of her age.

At the Sixth Annual Meeting of the Southern Surgical and Geneocological Association, held in New Orleans, the 14th, 15th and 16th of November, 1893, Dr. C. Kollock, of Cheraw, S. C., was elected president. Dr. Kollock is one of the most prominent physicians in the South, and we congratulate the association on its wise selection.

We are in receipt of a circular letter from D. O. Haynes & Co., of Detroit, Mich., purporting to be a copy of an editorial in the Pharmaceutical Era of recent date. In this letter Mr. F. K. Stearns makes an attack on Messrs. Parke, Davis & Co., the character of which is in every respect dishonorable and deserves the condemnation of the entire medical profession.

THE faculty of Jefferson Medical College has passed a resolution rendering a four years course obligatory, beginning with 1895-'96. This resolution has its advantages and disadvantages. On the one hand it will give students more experience and will better prepare those who cannot so readily understand some of the science, where on the other hand the four years course, owing to the greater expense it will necessitate, will prevent many, who would be bright and useful physicians, from entering the profession. We have a great many physicians in the world now and this high standard may diminish the number and increase the quality, and then it may not. The old Universits of Virginia Motto is, when you pass my examination you get your degree.

A party of distinguished northern physicians, who were on an itineracy South, inspecting the healthfulness and health resorts of this section, spent Friday, February 14th, in our city. They were entertained by our local physicians, and they expressed themselves as delighted with our climate and city. The party consisted of Dr. W. C. Wile, editor of the New England Medical Monthly, Danbury, Connecticut; Dr. E. C. Angell, associate editor of the Sanitarian, Brooklyn, New York; Dr. Ferdinand King, editor of The Polyclinic, New York City; Hon. Clark Bell, editor of the Medico-Legal Journal, New York City; Dr. Howard Van Rensselaer, editor of the Medical Annals, Albany, New York; Dr. W. Blair Stewart, Medical Bulletin, Philadelphia; Mr. Martin Greffing, editor Danbury News; Mr. G. S. McNull, editor Bridgeport Standard; Mr. M. D. Wood, Times & Register, Philadelphia; Dr. G. T. Stewart, editor the New York Medical Times.

THE PERMANGANATE OF POTASH AS AN ANTIDOTE FOR MORPHIA.

That morphine can be rendered inert by permanganate of potash is not entirely new. Recently, however, this fact is undergoing careful experiments and scientific investigation. Dr. Wm. Moor, an Australian physician, of New York, is the hero in the present excitement. He recently made a practical test by swallowing three grains of the sulphate of morphia in solution, and this was immediately followed by four grains of the permangonate of potash in solution and no bad effects were experienced from the poisinous

dose taken. This is a very interesting discovery and well worthy of record.

THE YOUNG GRADUATE.

March is the month that the medical student receives his diploma and joins the great rank of that class of people called physicians. New doctors without number are turned out in March. There is no period in a medical man's career when his cup of life is so full of tribulations, anxieties, trepidations, as when he appears for graduation. This is an event in a medical student's life that has no parallel, has no equal. We have all been there and doubtless there are few but who will say this was the greatest obstacle to overcome in their lives. This restless manner of living only ceases when he gets his diploma. You will be dealt with as gently in the medical profession as in any other, and there are just as many opportunities for place and position. Success will follow you equally as certain. To be successful does not imply to get rich; a rich man is not necessarily a successful man, but by establishing a home of your own and a competence, and doing some good in the world, being a benefit to mankind—that is a successful man—not wealth. "Riches are a superfluity of what a person does not need," and the prevalent idea that a man must have an excess before he can be classed as successful is one of the strange fads of the mind, difficult to eradicate and veiled by ignorance. To the young physician we extend to you the right hand of fellowship and welcome you into the profession of medicine. There will not be smooth sailing all along the journey, there will be some March months in your career, when times are windy and shaky; there will be a taste of the bitter with the sweet, but no more of the bitter but rather more of the sweet than in other professional callings. There is plenty of room at the top, some one has said, and while the writer does not by any means occupy the front pew at the top, yet he can imagine that there the scenery is grander and more beautiful, the atmosphere purer and more invigorating, the skies perfectly lovely, the sunshine brighter and warmer and the inhabitants more appreciative. Your life will have greater scope and breadth to it. There will be more to arise and call you blessed, not from a pecuniary sense, but because you will have done some good in the world.

operator.

He was a daring and skillful operator. His clinics were famous, and it was through them that attracted many students to Vienna. He died at Abbiza, a well known winter resort, on Feb. 6th, 1894, of heart disease. Thus ends the career of a most brilliant and powerful man. An ornament to his art and an honor to science. His influence over surgery will long be remembered.

LONGEVITY OF LIFE.

Longevity of life will always be an interesting subject upon which to think and write. When we read of a "hale, hearty old man," taking a European trip in his 89th year, there are very few of us who would not go far out of our way to learn the secret of living to such an age, and at the same time of retaining possession of every faculty. Who can but admire William E. Gladstone managing the political affairs of one of the greatest nations of the earth at his great age—over 80—and David Dudley Field, who is enjoying his tour in Italy with all the enthusiasm of a young traveller, in his 89th year. Of course these men are exceptions to the general rule, but we all are anxious to gain every idea pertaining to the lengthening of ones life. At a recent meeting of the New York Academy of Medicine, some of the specific and relative values of the important factors of longevity were discussed. In the last issue of the Medical Review are two paragraphs that are interesting and touch particularly on this point:

Manner of Living.

"The man who was careful, considerate, and moderate in the exercise of all his faculties, whether animal or intellectual, was one who would last longer than the man who over-indulged in any one of the numerous things which go to make up life. The men who broke down and died prematurely were usually those who had not lived temperately. It was often said that men worked themselves

believe in total abstinence in any sense. [illegible] with regard to eating and drinking and manner of living, which could be laid down as applicable to all individuals. Each person must find out the law which applied to himself and obey it. Each person could usually discover what agreed and what disagreed with him, and if longevity was sought after he would have to avoid the things which evidently disagreed with him and seek the things which did agree with him."

External Indications.

"There are certain external indications which would give a fair idea of long and short life. It was not in one trait, but in the entire make-up of the individual who stood before the examiner. There were the color, the motions, the measurements, including size of head, which was one of the most certain indications of long or short life, for in the brain lay the great centre of power. A person with a head whose diameter at the thin portion of the temporal bones measured five and a half to six inches was almost sure to give a longevity on the father's side of seventy to ninety years or over. If the head measured in front from the external auditory canal to the naso-frontal suture as much as four and three-fourths or five inches, we might be almost sure of long life on the maternal side. A beard which was darker or redder than the hair, indicated inheritance from the paternal side; if it were lighter than the hair, the inheritance was probably from the maternal side. The length of the chest, its proportion to the circumference, to the height of the individual, and other measurements, were important."

There is a common belief that when any organ of the human body becomes weakened or debilitated from any disturbance, that it required rest to regain its lost strength. In reading over an editorial in the New York Medical Times this popular idea is certainly overthrown in the present instance. It states that Sir Andrew Clark, that distinguished doctor, was given up to die from consumption, and yet, notwithstanding his hard work, his health

became so firmly established that he outlived many of his contemporaries and gained a reputation exceeded by none in his profession. The Times states that the solution of this problem is simple and should serve as an example to those who are constantly breaking down and have often to leave work for weeks or months to recuperate. In a clinical lecture in the London Hospital, Dr. Clark gives a very excellent prescription for health.

"Labor," he says, "is the life of life. And especially is it the life of life to the delicate. And when any organ is sick it is then truer than in health that even in sickness and delicacy it is better for the organ to do what work of its own it can, provided it can do it, without injury. And from a considerable experience of tuberculous pulmonary disease, I can say with perfect confidence, that those who have done the best have usually been those who have occupied themselves the most. I never knew my own parents. They both died of phthisis. At the age of twenty-one I myself went to Madeira to die of phthisis. But I did not die, and on coming back, I had the good luck to get into this great hospital, and in those days they were not very well pleased to have the Scotchmen coming to London to occupy such appointments. The members of the staff had heard that I had tubercle, and they wagered 100 to 1 that I would only have the appointment six months at most. The reason given for that was that I did not eat and worked too hard. I got the appointment. Thirty-eight or thirty-nine years have gone since that time, and all the other doctors are gone. Only I am left here on the staff—an old gentleman—not dead yet."

Labor is life, but "worry is killing. It is bad management that kills people. Nature will let no man overwork himself unless he plays her false—takes stimulants at irregular times, smokes too much, or takes opium. If he is regular and obeys the laws of health and walks in the way of physiological righteousness, nature will never allow him or any other person to work too much. I have never yet seen a case of breaking down from mere overwork alone; but I admit that it is necessary above all things to cultivate tranquility of mind. Try to help your patients to exercise their wills in regard to this—for will counts for something in securing tranquility—to accept things as they are, and not to bother about yesterday, which is gone forever; not to bother about to-morrow,

which is not their's; but to take the present day and make the best of it. Those affectionate women who will continually peer into what lies beyond never have any present life at all—they are always grizzling over the past or prying into the future, and this blessed to-day, which is all that we are sure of, they never have."

Animal Extracts.

I am so firm a believer in the rationality of this line of therapeutical investigation, that I am willing to brave some misunderstandings in connection with the use of such preparations. There is no more reason to doubt that there should be therapeutical properties in extracts obtained from animal organs, than that there should be such from vegetable organs. We might just as reasonably expect good therapeutical properties from the extract of a gland as from the extract of a root or a leaf or a bean. The remarkable results obtained from the use of the thyroid gland in myxoedema is of itself abundant justification of this position. DR. C. L. DANA.

A Medical Tragedy.

An eipecially sad example of the dangers to which physicians are exposed is reported from Presbourg in Hungary. A physician, after visiting a patient with diphtheria, went home to change his clothes before continuing his calls. On entering the house his little son rushed up to him and before the father could prevent it, had jumped upon him and kissed his face. Two days later the child was taken ill and soon died of septic diphtheria. The father's reason gave way under the blow, and he died after a short illness attended by acute delirium, in which he constantly cried out, "I have killed my boy."—*Boston Medical and Surgical Journal.*

DIOS CHEMICAL CO., ST. LOUIS, MO. GENTLEMEN.—I have used your preparation called "Sennine" with very good results, and am pleased to note it is doing the same good that I have had from the use of "Aristol," and like preparations, with this advantage: It is a home product, and can be purchased without a bond and mortgage being put on one's accumulations. I cannot say this of "Europhen" and "Aristol," or any of the like preparations of foreign make. Respectfully,

ROGER WILLIAMS, M. D., Pittsburg, Pa.

LIQUOR UTERANS.

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WE DESIRE to call the attention of Physicians to this preparation as a superior **UTERO-OVARIAN SEDATIVE AND ANODYNE.**

EACH FLUID OUNCE REPRESENTS:

Black Haw	55 Grains.
Blue Cohosh	28 "
Golden-Seal (Represented by the White Alkaloid)	55 "
Jamaica Dogwood	25 "

The disagreeable taste of the drugs has been masked with Aromatics, and it will be found a valuable remedy where a Uterine Tonic and Anodyne Sedative is indicated.

DOSE:—One-Half to One Teaspoonful.

Eminent practitioners contend that the present habits of life tend to produce Uterine and Ovarian disorders of various kinds.

The majority of these cases, if attended to promptly, do not require surgical attention or mechanical appliances, but will respond promptly to a treatment with Liquor Uterans.

Physicians who have directed special attention to the subject have commended Black Haw (Viburnum Prunifolium) for correcting Uterine irregularities; Blue Cohosh (Caulophyllum Thalictroides) for its peculiar value as a Uterine Nervine and its especial influence on the Uterus; Golden Seal (Hydrastis Canadensis) specially indicated for Uterine Catarrhal disorders, and Jamaica Dogwood (Piscidia Erythina) for its established value as an Anodyne-Sedative. To secure for the profession the benefit of the combined virtues of these drugs, we have prepared a palatable combination, as per above formula, under the name of Liquor Uterans. We are confident that it will be found a convenient, palatable and valuable remedial agent in the treatment of Amenorrhœa, Leucorrhœa, Dysmennorrhœa, and any irritability or irregularity of the Utero-Ovarian organs, as well as a safe and reasonably sure remedy in all cases of Hyperæmia of the female reproductive system, and frequently in cases of Anæmia of the organs.

SAMPLES WILL BE CHEERFULLY MAILED TO PHYSICIANS ON APPLICATION.

Correspondence and reports of cases invited.

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BOOKS REVIEWED.

A TEXT-BOOK of the Theory and Practice of Medicine by American Teachers. Edited by WILLIAM PEPPER, M. D., L. L. D., Provost and Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania. In two volumes. Vol 2 illustrated. Philadelphia: W. B. Saunders, 925 Walnut Street. 1894.

It has not been quite twelve months ago since we had the pleasure of reviewing Vol. 1 of Pepper's work, and now Vol. 2 is received by us with no less delight. When one examines this book page after page, and reads the names of the authors who have composed the work, he cannot but exclaim—what a great book—what a store of knowledge, how instructive. One of the first things about the book a person will like is that the name of the author of each article is given, while of course this makes no material difference as regards the value of the work, yet it pleases the fancy. The physician's library which contains Vol. 1 of this magnificent work will certainly be incomplete without Vol. 2, and with these two volumes before him, for prompt reference and careful study, he may rest assured that he is equipped to battle with any disease and attain a vast amount of practical information not otherwise attainable. General Consideration Concerning the Biology of Bacteria, Infection and Immunity, occupies the first seventy pages of the work, and is from the fertile pen of that able writer, Dr. William H. Welch. Under this chapter will be found the most recent investigations pertaining to these subjects, hence its great value. Following this interesting section is a hundred and thirteen pages from that well known and brilliant writer, Dr. Henry M. Lyman. He considers such diseases as Gout, Obesity, Polyuria, Gravel, Saccharin Diabetes, Acute Articular Rheumatism, etc. The chapter on Acute Articular Rheumatism by this writer is unexcelled by any we have yet seen in print. Diseases of the Blood follows in order, and they are described by one whose writings are always attractive, and whose experiences and practical teachings are always sought after, Dr. William Osler. The diseases of the heart in general, including its coverings, etc., are written by the celebrated Pepper himself, whose influence over the practice of medicine and brilliancy as a writer will ever remain an ornament to his name. We cannot close without mentioning the names of Dr. James C. Wilson, Dr. Francis Dillafield, James W. Holland and Reginald H. Fitz, whose writings will bear the

closest scrutiny and whose teachings and opinions will ever be valued and appreciated.

If there is any branch of medicine in which new thoughts, new ideas and new treatment are constantly being advanced to the intelligent part of the profession and for the betterment of humanity, it is the practice of medicine, and the only way to keep abreast of the times and to be able to cope with your fellow physician, it is to buy such books as these, written by the leading men and teachers of America—read and study them. This work is beautifully illustrated and contains many handsome engravings and each disease revised and approved formula are given. The book is replete with good practical information from beginning to end. The work contains 1100 pages and every advancement in Bacteriology, every step in in Pathiology, Symptomology, Diagnosis and Treatment are concisely given in these volumes. I cannot congratulate the author too warmly on the results of his labors, nor can I recommend the work too strongly to the practitioners, professor, student and advanced pathiologist. The highest praise is due the publishers for the elegantly printed and tastefully bound volume before us.

A Practical Treatise on the Diseases of the Hair and Scalp, by George Thomas Jackson, M. D., Professor of Dematology, Women's Medical College, N. Y. Infirmary; Chief of Clinic and Instructor in Dematology, College Physicians and Surgeons; Consulting Dematologist, Presbyterian Hospital; Visiting Dematologist Randall's Island Hospital; Member of the American Dematological Association, etc.

The large experience and reputation of Dr. Jackson in this department eminently qualify him for the preparation of so important a work. The Treatise is divided into Parts I, II, III, IV. Under Part I is considered the Anatomy of the Hair, the Physiology of the Hair and Hygiene of the Scalp and Hair. Part II treats of the Essential Diseases of the Hair. The chapter on Alopecia is exceptionally fine, the treatment especially being full and most useful. Excellent formulae are given Under Part III is considered Parasitic Diseases of the Hair. Part IV is devoted to Diseases of the hair secondary to Diseases of the Skin.

In reading this book it is clearly seen that the author has presented to the medical profession a concise statement of what is known of the diseases of the hair and scalp, special attention being given to their diagnosis and treatment. All extraneous matter and discussions have been carefully excluded and the attempt

made to allow nothing to cumber the text. We are sure that it needs simply an examination of this excellent book for each practitioner to see for himself that this is a long wanted book. No practitioner can afford to be without it. It is useless to say that it is handsomely bound and superbly printed—it is but one of E. B. Treat's books which always show careful editing in every paragraph and are models of perfection in their mechanical creation.

LECTURES ON AUTO-INTOXICATION IN DISEASE, or Self-Poisoning of the Individual. By CH. BOUCHARD, Professor of Patholgy and Therapeutics, Member of the Academy of Medicine, and Physician to the Hospitals, Paris. Translated, with a Preface, by THOMAS OLIVER, M. A., M. D., F. R. C. P., Professor of Physiology, University of Durham; Physician to the Royal Infirmary, Newcastle-upon-Tyne; and Examiner in Physiology, Conjoint Board of England. In one Octavo volume; 302 pages. Extra Cloth, $1.75 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

The importance of this work is clearly stated in the author's own words, in the following: "We are living in an age when it is proper to live and when all are interested in medical matters. It is not that medicine has, in any sense of the word, revived, but that she has simply changed her attitude of observation. After having devoted herself during many long years to the verification of symptoms, to the research of anatomical lessons, to the study of pathological physiology, she comes at last to study the origin of disease. What is characteristic of these modern days so far as medicine is concerned, is the high place we assign to the study of the origin of diseases."

This excellent work contains something over 300 pages, the pages are long and closely printed, though very easily read. It is 32 valuable lectures concerning the study of the part played by auto-intoxication in disease. The author deals with subjects of every day interest to the medical practitioner. He very clearly shows that putrifactive processes in the intestinal canal and the development of physiological and pathological alkaloids play an important part in many diseased processes until lately unknown or misunderstood. These lectures may, therefore, be regarded as an inquiry into the operation of poisons introduced from without or generated within the body of man, and the part they play in health and disease. No subject commands a greater interest; none demands more serious study. The writer clearly indicates that man is standing, as it were, on the brink of a precipice;

he is constantly on the threshold of disease. Every moment of his life he runs the risk of being overpowered by poisons generated within his system. Prof. Bouchard is, perhaps, seen to greatest advantage in his chapters on the Toxicity of Urines. The lectures devoted to typhoid fever and cholera contain suggestions of considerable value from a therapeutic standpoint of view. It is only lately we have come to recognize that, once the dangers incidental to typhoid fever have been successfully overcome, there are risks yet to be met ; in a word, auto-intoxication from poisons generated within the intestinal canal This is the best and most recent work upon this subject we have yet seen and it gives us pleasure to recommend it to our readers and the profession. The work bears the impress of great mechanical skill in its preparation.

THE DISEASES OF PERSONALITY by Th. Ribot. Prof. of Comparative and Experimental Psycology in the College of De. France, Chicago. The Open Court Pub. Company. 1894.

This book contains 160 pages of well printed matter, and is divided into an Introductory, Organic Diseases, Emotional Disorders, Disorders of the Intellect, Dissolution of Personality, Conclusion. The work has been well written and shows careful thought and research.

A TREATISE ON HEADACHE AND NEURALGIA, including Spinal Irritation and a Disquisition on Normal and Morbid Sleep. By J. LEONARD COMING, M. A., M. D. Consultant in Nervous Diseases to St. Francis Hospital, Fellow of the New York Academy of Medicine, Member of the Neurological Society, etc., Author of A Treatise on Hysteria and Epilepsy. Local Anaesthesia, Brain Rest, etc. Third edition. New York : E. B. Treat, 5 Cooper Mine. 1894. Price, $2.75.

This is the third edition of this work within six years, which fact speaks well for any work. It contains about 280 pages and is divided into five parts, devoted to the following topics : First Headache; Second, Neuralgia; Third, Historical Considerations of Treatment; Fourth, Irritative Conditions of the Spine; Fifth, Considerations of Normal and Morbid Sleep. There are no subjects upon which a physician should more thoroughly understand than headache. It seems a very simple thing, a headache, but it is often the forerunner of dangerous and uncontrolable diseases. I have read this book very carefully and everything is thoroughly prepared and to the point. I admire the author's brevity where brevity should be, also his classifications, etc., of the headaches and neuralgias.

All the chapters are good. One of the main features of this edition is the chapter on the Localization of the Action of Remedies upon the Brain. The subject of Eye Strain as the Cause of Headache and its Treatment is dealt with in an appendix. The book is excellantly gotten up in large readable type, and well bound. Without hesitation we recommend the book to be very valuable and useful.

PRIMER OF PHILOSOPHY. By DR. PAUL CARUS. 12mo. pp. 232. Price, $1. Chicago: The Open Court Publishing Company.

Primer, in this instance, means the clear presentation of the subject in such terms as will leave no room for equivocation in a terse criticism of Comte, Kant, John Stuart Mill, Schopenhauer, Herbert Spencer, and others, and the urgency of a unitary conception of the world, as defined by monism.

"Monism stands upon the principle that all the different truths are but so many different aspects of one and the same truth. . . . There is but one truth, and that truth is eternal." In the study and elucidation of this truth, God and the world are considered to be abstracts, and not things in themselves; "first cause," a misnomer for "ultimate reason," and, as an object of worship, as unreasonable as ultimate effect; and science—established truth—the basis of religion and divine worship. Aside from the urgency of monism, as the philosophy of religion, of all "primers" that have ever come to our notice, this is the most comprehensive of the subject of which it treats—philosophy; not the author's philosophy only, but a summary of philosophy as taught by the most profound thinkers and teachers of modern science.

REPRINT FROM VIRGINIA MEDICAL MONTHLY February, 1864. Longevity by DR. A. ATKINSON, Baltimore, Md. A list of over 250 persons who lived 100 years and over.

This list is a curiosity in that we have never seen one like it, and it is useful in affording to some living perhaps a point as to the prolonged life of some member of their families. It is the result of many years record culled from the daily papers and from the reliable hearsay reports of acquaintances and some of the centenarians the compiler has actually seen. The persons forming this list belonged to all classes of society and appear from the histories of their lives as far as known, to have exercised no special care as to what they ate, how they lived, or whether they were "wet or dry" on the temperance question.

Reprints.

Lecture upon Metallic Interstitial Electrolysis, by Augustin H. Goelet, M. D., Delivered in the Course of Clinical Instruction in the Gynæcological Electro-Therapeutics at the West Side Clinic, New York. Reprinted from "The Times and Register."

Influences Governing the Progress of Electro-Therapeutics. President's Address, Read at the Third Annual Meeting of the American Electro-Therapeutic Association, held at Chicago, Sept. 12–14, 1893, by Augustin H. Goelet, M. D., New York. Reprinted from the Journal of the American Medical Association, November 18, 1893.

Reprint from "Notes on New Remedies," December, 1893. The Absorption of Immature Cataract, with Restoration of Vision. By J. Hobart Egbert, A.M., M.D., Ph.D., Surgeon-in-Chief Hampshire Eye and Ear Infirmary; Late Professor Ophthalmology and Otology, Amer. Medical College, St. Louis, Mo., and Dean of the St. Louis Ophthalmic and Aural Institute, etc., etc.

Conjunctivitis as a Cause of Poor Vision, by W. H. Bates, M. D., Instructor in Diseases of the Eye, Post-Graduate Medical School. Reprinted from the Post-Graduate, No. 6, 1892. New York: Press of Stettiner, Lambert & Co., 22, 24 and 26 Reade Street. 1894.

Reprinted from the Medical Record, January 27, 1894. Treatment of Myopia without Glasses. By W. H. Bates, M. D., New York. Assistant Surgeon New York Infirmary.

The Treatment of Uterine Fibroids. By Augustin H. Goelet, M. D., Gynecologist to the West-Side German Clinic, New York. Reprint from American Medico-Surgical Bulletin, January 1, 1894.

Improvement in the Vision of Myopia by Treatment without Glasses. By W. H. Bates, M. D. Reprinted from The New York Medical Journal for April 18, 1891.

Outlines of Obstetrics. A syllabus of lectures delivered at Long Island College Hospital, by Charles Jewett, A. M., M. D., Professor of Obstetrics and Pediatrics in the College, and Obstetrician to the Hospital. Edited by Harold F. Jewett, M. D. Post 8vo. 264 pages.

Selections.

A Valuable Drug in Treatment of Winter Cough.

Many are the single agents employed in the treatment of that persistent brochial ailment known as "winter cough," and divers are the combinations made to suit each individual case. Agents proposed and lauded as "specifics" in this disease have signally failed to maintain the title. Among the new remedies named, but not brought forward as a specific at all, is the *Eugènia Chequen*, or Chekan, a native Chilian drug. For a complete description of the agent, botanically and therapeutically, we refer our readers to the Pharmacology of the Newer Materia Medica, and a brochure issued by Parke, Davis & Co., Detroit. That it is a valuable addition to our list of agents for the treatment of bronchitis and its allied disorders, is evident to the writer. It has made a good record so far. It is worthy of a careful investigation and trial. Dr. Wm. Murrell, of Royal Hospital for Diseases of Chest, London, basing his opinion on notes of fifteen cases of chronic bronchitis in which he employed Cheken, says: "In all cases the patient obtained some benefit, and in most instances the relief was very marked." The Fluid Extract has a pleasant balsamic odor and taste. It is highly resinous, hence not miscible with water. It mixes nicely with glycerin and syrups, in which it should be administered. We advise a testing of its merits.—*Sanative Medicine.*

A Mascot that is a Mascot.

The physician's Aluminum Pocket-Piece, given away by the Codliver Glycerine Co., of St. Louis, on request, is said to be more potent as a Mascot, or luck-piece, than the right hind-foot of a black rabbit, captured in a grave-yard, by a cross-eyed Negro, at mid-night, on the 29th of February, in the dark of the moon. It is also claimed that Physicians that prescribe Codliver Glycerine are even luckier. Try it.—*Ex.*

Mrs. Boozer (from upper window at 2 a. m.): "Is that you, William?"

Mr. Boozer: "Yes, m'dear."

"I'll throw you down a key."

"I gotcher key; throw down some keyholes."

DR. JULIUS FEHR'S

"Compound Talcum"

"BABY POWDERS"

THE

"HYGIENIC DERMAL POWDER"

FOR

Infants and Adults.

Oiginally investigated and its therapeutic properties discovered in the year 1868 by Dr. Fehr, and introduced to the Medical and Pharmaceutical Professions in the year 1873.

Composition—Silicate of Magnesia with Carbolic and Salicylic Acids.

Properties:—Antiseptic, Antizymotic and Disinfectant.

Useful as a General Sprinkling Powder; with positive Hygienic, Prophylactic and Therapeutic properties.

☞Good in all affections of the Skin.

SOLD BY THE DRUG TRADE GENERALLY.

Per Box, plain, 25c; per box perfumed, 50c. Per Dozen, plain $1.75; per dozen, perfumed, $3.50.

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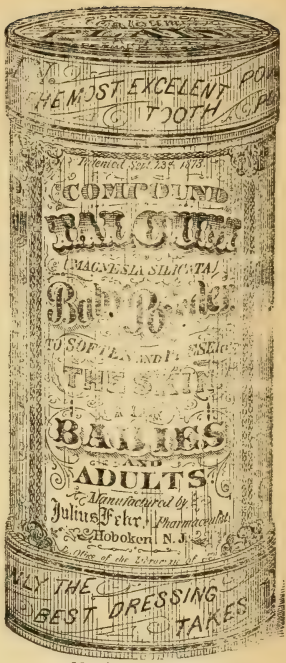

Mention This Journal.

APPODYNA.

ANTI-PYRETIC *ANALGESIC* *ANTI-RHEUMATIC*

This new synthetic product, whose base is a coal tar derivative, possesses all the advantages of the most approved Anodyne, Nervine, Sedative, or Hypnotic, and can be used without danger of untoward after effects. Its most efficient action is fully set forth in a circular which we shall be pleased to send together with a sample of the product to any physician making application.

Detroit Pharmacal Co.,

Manufacturers and Jobbers of Physicians' Supplies,

DETROIT, MICH.

For sale by Burwell & Dunn, Charlotte, N. C.

H. A. MURRILL,

Wholesale Paper and Printers' Supplies in General,

207 East Trade St. - - Charlotte, N. C.

ELIXIR IODO BROMIDE of CALCIUM COMPOUND

DOCTOR, IF YOU have never tried Elix. Iodo Brom. Cal C. (Tilden's) you would be gratified and surprised at the results from its use in Syphilis, Scrofula, Scrofulous Tumors, Abscesses, Old Sores, Indolent Ulcers, Necrosis and various diseased conditions of the bones, Enlarged and Indurated Glands, Rheumatism, Eczema, Erysipelas, Otorrhœ, White Swelling, Gleet, Cancerous Tumors and Sores, Cutaneous Diseases and all conditions where an an alterative, resolvent and tonic would be indicated.

Unlike other preparations of this class, it does not irritate the stomach but on the contrary, strengthens and improves digestion and causes an increase in the weight of the patient almost from the very start. Send for book giving an epitome of cases in practice. In order to protect the profession against the worthless imitations of dishonorable competitors who have represented that they could furnish the "*same thing*" in bulk under the same or a modification of the name—"Elixir Iodo Bromide of Calcium Compound"—we ask Physicians hereafter to see that their prescriptions are filled from bottles protected by our seal and label, We will send a full pint bottle as a sample, free of charge, to any Physician in the United States or Canada on receipt of fifty cents to pay expressage.

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FIRWEIN

(A Balsam of Fir Wine with Iodine, Bromine and Phosphorus.)

POSSESSES remarkable reparative and reconstructive potency in the following ailments :—

IN CHRONIC BRONCHITIS AND INCIPIENT PHTHISIS, it arrests the progress of the disease, allays irritation, controls the cough and expectoration, stimulates healthy secretions, heals ulcerations, and soothes the inflamed membrane. Unlike expectorants, hypophosphites, codliver oil and emulsion compounds, FIRWEIN does not impair, but, instead, strengthens and improves digestion and assimilation; a matter of the greatest importance in view of the fact that malassimilation is the chief source of danger in these conditions.

IN CHRONIC CYSTITIS, FIRWEIN may be regarded as almost *a specific*. No class of ailments gives the Physician more annoyance than chronic bladder troubles, that persist, in spite of treatment, perhaps for years. If you will try it in a case of this kind you will be a friend of FIRWEIN for the rest of your life, and your patients will rise up and call you blessed.

IN NASAL, PHARYNGEAL AND LARYNGEAL CATARRH, FIRWEIN given internally and used topically by means of atomizer, vaporizer or inhaler, will give you satisfactory results. Try it.

DOSE. One to two teaspoonfuls 3 to 6 times daily. FOR SPRAYING—add one part of vaseline or petroleum oil, to three parts of Firwein. FOR PERSISTENT COUGHS—One dram Opii. Deod to 4 ounces of Firwein.

☞A Full Pint Bottle will be sent prepaid to any Physician as a Sample on receipt of 50 cts. to pay carriage.

PREPARED ONLY BY

The Tilden Company,

NEW LEBANON, NEW YORK.

A Chesterfield Gorilla.

There recently died in a Berlin menageria a gorilla of great elegance of manner. Its habits of life were regular and most precise, and the account given of its daily occupations reads much like the court bulletins of the Grand Monarch. It was accustomed, it is said, to wake at eight o'clock in the morning and take a glass of milk. Certainly this conformity of time, rather than daylight, marked an advance from the animal to the conventionality of man. It is not said whether the milk was brought to the gorilla or called for it. The account goes on :

"At nine o'clock it made its toilet with as much care as a civilized man, and ate its breakfast a few minutes afterward. This consisted of two Vienna loaves, Hamburg smoked meat, cheese and white beer.

"Another bit of refinement in preferring a light beer for breakfast, especially after a careful toilet.

"At one o'clock in the afternoon it had a cup of chicken soup with carrot, rice and potatoes and an egg. Its evening meal consisted of fruits, bread and butter, and a cup of tea."

It will be noticed that the chief attentions of this gorilla was gastronomic; but the evident care bestowed upon the selection of its viands was truly civilized and human. It is not stated what was the cause of death. It is to be hoped it was not the inadvertent use of a dark beer or a hasty toilet.—*Boston Med. and Surg. Journal.*

I have used Peacock's Bromides in four cases of epilepsy, and it is only fair for me to state that I have had good results in each case. In three of these cases there were no attacks at all while the medicine was used, although they had been frequent and severe in spite of the exhibition of the ordinary bromide salts. I say while it was used because I have had difficulty in convincing some patients that they were not entirely cured after using one bottle, but where I have been able to have them continue the treatment for a reasonable time after the disappearance of the fits, there has been no return of them even after the medicine was stopped.

CHAS. C. JOHNSON, M. D.,
Columbia, S. C.

Recurring Grippe.

(I. N. Love, M. D., Vice President American Medical Association.) The history of epidemics is almost uniform in the direction of their extending over several years. Frequently the disease is endemic, becoming a definite part of every day life, as witness diphtheria in many sections of the country. La grippe is no exception. Appearing among us as it did several years ago, it returned the second year in a form more virulent than the first, producing effects far-reaching and uniformly demoralizing. Observing practitioners cannot have failed to notice that during this summer and fall many cases could be explained by no other hypothesis than that they were affected either directly or remotely by the grippe. The possibilities are that the coming winter and spring will develop enormous numbers of these cases; cases effected *de novo* by the germ, if there be one; and cases that have never yet recovered from previous attacks with rearoused disturbances due to the sudden and frequent changes of the weather. Feeling the importance of keeping open the excretory system of glands, and at the same time considering thoughtfully the rheumatic feature that accompanies these cases, no remedy would more promptly suggest itself to our mind than that of Tongaline. Knowing as we do definitely the component parts, the combination naturally suggests antagonism to a locked-up condition of the glands, opposition to la grippe, neuralgia, rheumatism, nervous headache and gout.

We commend it earnestly and emphatically to the practitioners of the country at large to meet the conditions to which we have referred.

The company which prepares Dr. W. R. Amick's chemical treatment for pulmonary diseases has established a New York depository at 114 Fifth Avenue. This move is necessitated by the constantly increasing demand upon the Cincinnati laboratory made by the physicians in New York and vicinity.

The depository is simply a supply bureau for the profession, obviating the inconvenience and the expenditure of time incidental to procuring the preparations from Cincinnati. The offer to all physicians of sufficient remedies to give a fair trial in each case, without charge will be continued, and test packages may be obtained from the New York depository.

Trikresol.

As its name indicates Trikresol is a concentrated preparation of cresols, the active ingredients of coal-tar oils.

It is scarcely necessary in these columns to refer to the investigations of Frankel and Laplace on the disinfecting properties of the cresols, which have proved that they possess a much more powerful antiseptic action than carbolic acid, whilst at the same time their toxicity is considerably less. These facts are fully recognized and have been taken advantage of in the preparation of a number of coal-tar preparations wherein cresols are substituted for carbolic acid. Glancing back over the long list of disinfectants and antiseptics, it may be at once asked : Is a new preparation necessary ?

The employment of corrosive sublimate, which has long been regarded as the most powerful antiseptic, is finding continually more limited employment not only on account of its poisonous nature, but because of its corrosive character and diminished activity in albuminoid solutions. Formalin has furnished an excellent substitute for corrosive sublimate on account of its relative non-poisonousness and great activity, and has proved invaluable in the disinfection of clothes, walls, bandages and textile fabrics.

The tar-oil preparations are, however, still regarded with great favor for surgical purposes. The cresols are the active principle of all of them. But all have the great objection that they are mixed with inactive, and in some cases injurious substances to render them easily missible or soluble in water, and it is also difficult to obtain them of definite strength.

By repeated attempts however to produce a reliable cresol preparation it was discovered that the cresols themselves, when properly purified, are sufficiently soluble in water to answer all practical purposes as disinfectants.

The crude cresols are always mixed with indifferent substances of the nature of hydro-carbons, especially with naphtalene, and also with pyridine bases, and these impurities give it a very insoluble character. When the cresols : ortho-cresol, meta-cresol and para-cresol, are prepared in a pure state, they dissolve in about 40 parts of water.

Tirkresol is entirely a pure preparation of the three cresols, and therefore always of 100 per cent. strength. It is a *waterwhite, clear*

liquid of pleasant creosote-like odour and free from the faint smell of carbolic acid. The solubility of Trikresol in cold water amounts to from 2.2 to 2.55 per cent., and as it is never required for surgical purposes of above 1 per cent. generally 0.5 per cent. strength, its solubility is ample. If stronger preparations of definite composition are required, they can at any time be readily made with the aid of soap, alkali, etc. As Professor Frankel and Professor Gruber have shown the 1 per cent. aqueous solution of the pure cresols to be equal to 3 per cent. carbolic acid solution, it follows that Trikresol has three times the disinfectant value of carbolic acid.

"Due all Parties Concerned."

The following from Dr. Lighter places the "ethics" of testimonials in the proper light. She has used the Anderson Vagiual Capsule, has found their value in her practice and gives her impression to the profession.

ELDORA, Iowa, December 9th, 1893.

THE HALL CAPSULE CO., Cincinnati, O.

GENTLEMEN:—While I do not like to give testimonials to every one who asks them, yet I feel that in this case, it is due to all parties concerned that I should say a good word for the Capsules-

I have used the Anderson Vaginal Capsule to considerable extent and would not like to do without them in the application of remedies in the treatment of many vaginal and uterine troubles. They have also served well as a mechanical support in cases of reversions of the uterus.

Very truly yours,

LILLIE DALE LIGHTER, M. D.

Pepsin is undoubtedly one of the most valuable digestive agents of our Materia Medica, provided a good article is used. Robinson's Lime Juice and Pepsin, and Arom. Fluid Pepsin, (see page — this number) we can recommend as possessing merit of high order.

The fact that the manufacturers of these palatable preparations use the purest and best Pepsin, and that every lot made by them is carefully tested, before offering for sale, is guarantee to the Physician that he will certainly obtain the good results he expects from Pepsin.

Unexcelled Books for the Library.

Two Master-Pieces of the World's Fair.

THE ADVENTURES OF

Uncle Jeremiah and Family at the Great Fair.

Every Phase of Exposition Life Fully Set Forth in a Novel and Fascinating Style.

This book is an incomparable souvenir of the World's Columbian Exposition. Its worth is shown by the fact that it has reached the phenomenal sale of nearly 5,000 a day.

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EVERYBODY OUGHT TO READ and preserve this book. Whether you stay at home, have visited the Fair, or expect to go there, UNCLE JEREMIAH AND FAMILY will furnish you with a never-failing source of pleasure from the splendid scenes, romance and instruction involved in the WORLD'S COLUMBIAN EXPOSITION.—Mailed to any address on receipt of price—25 cents.

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VIN MARIANI

IMMEDIATE AND LASTING BENEFICIAL EFFECTS

Formula: "Vin Mariani" is the concentrated extract—the aromatic principle of the fresh Coca Leaf, blended with a special quality of grape juice of southern France.

Usual Dose: A small wine-glassful three times a day.

Indicated: As a mild stimulant, a diffusible tonic; a strengthener of the nervous system; in convalescence and enfeebled conditions.

Special Note. "Vin Mariani" is extensively used in Hospitals, Cliniques and private practice, and its merits repeatedly recorded by the medical press of Europe and America. Thirty years' uniform excellence and recognized efficacy won the confidence and esteem of every physician who subjected it to test, and "Vin Mariani" receives the preference over all tonic-stimulants.

Descriptive Book with Portraits and Autographs of Celebrities sent Free.

Sold at Druggists and Fancy Grocers. Avoid Substitutions.

Paris: { 41 Bd. Haussmann. / *Laboratory, Neuilly s/Seine.* }
London: 239 Oxford Street.

MARIANI & CO., 52 West 15th St., New York.

SANITAS
DISINFECTANTS

Prepared from the Essential Oils of the Pine and Eucalyptus.

Experimental tests made by Dr. A. B. Griffiths, F.R.S., F.C.S., show that the following Microbes were destroyed by "SANITAS" Disinfecting Oil and "SANITAS" Disinfecting Fluid:

	With Oil.	With Fluid.
Bacillus Tuberculosis	in 25 seconds	in 5 minutes.
Micrococcus Scarlatinae	in 10 "	in 2 1-2 "
Bacillus Typhosus	in 30 "	in 5 1-2 "
Spirillum Cholerae Asiaticae	in 43 "	in 6 "
Bacillus Diphtheriae	in 28 "	in 4 1-2 "
Bacillus Mallei	in 25 "	in 4 "

Detailed experimental tests by Dr. Griffiths, mailed free on applicotion. For full particulars of the "Sanitas" preparations, samples, etc., apply to—

THE AMERICAN and CONTINENTAL "SANITAS" CO., Ld.

636 to 642 West 55th Street, New York City.

A Midwife Punished for Malpractice.

Justice Charles passed sentence last week on a midwife who had been convicted of manslaughter. It appears that the prisoner attended the wife of a postman during her confinement. The evidence brought forward at the trial leaves no room to doubt that the midwife was drunk while attending the labor. It is equally clear that her neglect caused the death of the unfortunate woman. Criminal carelessness and recklessness of this kind deserves a severe punishment, and few will question the justice of the sentence which has withdrawn Harriet Vinson from the scene of her active labors into the retirement associated with eight months' hard labor. This woman appears to be a survival of the bad old "Sairey Gamp" type of midwife, ignorant, brutal, and alcoholic. It is to be sincerely hoped that Vinson's sharp punishment will have a deterrent effect upon others of her class who may be inclined to follow similar devious paths.—*Medical Press.*

Dr. A. B. Pope, Lecturer on Diseases of the Heart and Lungs at the New York Polyclinic, has used "Maltine with Cod Liver Oil" as a vehicle for creasote extensively, and found it to be the satisfactory way of giving creasote of which he knows. The formula was originated at his instance at the Demilt Dispensary and first used by him there. Dr. Pope says, "In cases of tuberculosis it is often desirable that the patient have codliver oil, creasote and a digestive agent like Maltine, and this combination fills the bill, giving excellent results, and at the same time rendering it unnecessary to have three prescriptions on hand at once." The formula referred to is as follows :

Maltine, with Cod Liver Oil ..... 16 fl. oz.
Beech Wood Creasote ..... 2 fl. drs.
Oil of Limon ..... 12 minims.
Oil of Bitter Almonds ..... 8 minims.

M. Triturate, and add creasote gradually. S. Tablespoonful at each meal. It may be given in water, beer, wine or milk.

To abort a Chill :

℞ Spts. Chloroform, ... gtt.xx.
Neurosine, ... ℥iii.
Syr. Zngiberis, ... ℥ss.
M. Sig. Take at once.

Lincoln on Marriage.

"In some respects," said the gentleman referred to, "Lincoln's memory suffers by reason of his having been the king of wit. There are those who think he never said anything serious. I cannot understand how such an impression exists, but I know it does. Why, he was one of the greatest philosophers I ever heard, and his philosophy was always modestly put, but at the same time he was always so sincere in it that he was at times almost solemn.

"I remember on one occasion he was talking about marriage, a subject in which he always took the most profound interest. He said that every man who contemplated marriage should stand over a doctor with a club and make him tell the truth in reference to the chosen partner for life, if there were no other way of getting it out of him. And he went further. He declared that the parents who would allow a girl to marry a man without knowing as nearly as could be known his physical as well as his moral condition deserved to be scalped. In his opinion the whole marrying business was wrong.

"He declared that fashionable girls too often were cursed with foolish mothers, who cared for nothing but to see their flesh and blood sold to the highest bidder. There was nothing funny in that sort of talk, was there? It ought to be framed and hung up in every home in the land. How few men knew the deeps of that master of men. What a loss to the world that he should have been taken away from it at the time when he was just being understood."—*Chicago Tribune.*

Messrs. William Wood & Co., New York, announce that the first volume of a new system of Medical Jurisprudence, Forensic Medicine and Toxicology will be published on or about the first of March. In previous issues of this journal we have given in detail notices in reference to this valuable forthcoming work. It will be sold only by subscription and orders should be placed promptly.

During the imflammatory stage of Gonorrhœ, the following formula is the best we have ever read:

℞ Lithiated Hydrangea (Lambert),..... ℥iv.
Sig. Take two teaspoonfuls in water, with six drops of oil of gaultheria, three times a day, two hours after meals.

Sulfonal in Whooping Cough.

Creasoti in combination with Sulfonal have recently been recommended in this affection according to the following formula:

℞ Creasoti..... 0.25
Sulfonal..... 0.2
Syrup Tolutani..... 150.0
M. Sig. One teaspoonful every two hours.

Therapeutische Monatshefte, Nov., 1893.

Dr. G. Van Zandt writes the Yale Chemical Co. in reference to his experience with Gurania as follows:

CHICAGO, ILL., FEB. 8th, 1894.

YALE CHEMICAL COMPANY, CHICAGO, ILL. GENTLEMEN.—It gives me much pleasure to send you the following favorable clinical report:

Mrs. P. American, age 67 years, widow, mother of two sons and one daughter. I saw this case first Jan. 5th. A variety of symptoms affecting all the organs. Organic heart trouble and extreme Anemia. This attack commenced with Coryza, the inflamation extending to the frontal, Maxillary sinuses and eustachian tubes.

Marked general symptoms, viz: Headache, chills, lassitude, anorexia and debility. Temperature 104. Considerable prostration with considerable disturbance of digestive organs. The most marked disturbance in the cerebral functions, slight delirium. Eyes sensitive to light. Nausea and dizziness when in upright position. Slight oedema of the lower limbs. Urine scanty and high colored. Considerable bronchial and inflamation and sore throat.

Diagnosis: Severe attack of influenza with numerous complications.

Treatment:

℞ Ammon Carb..... Dram 1
Kali Chlor..... " ½
Tr. Ferri Mur..... " 1
Syr. Limonis. q. s..... Ounce 4
M. Sig. One dram, in ½ wine glass water every two hours.
Alternated with
℞ Gurania..... Dram 1½
Ext. Digital Fl..... " ½
Spts Vini Rect..... " 1
Syr. Simplex q. s..... Ounce 2
M. Sig. One dram every hour.

Before prescribing I exhibited one dram of Gurania in 20 grain

doses, in five hours with the result of relieving the pain and lassitude and reduction of temperature. There was no cyanosis, heart symptoms or noticeable unpleasant after effects.

Gurania I believe to be a more powerful antipyretic than coal tar productions and since I have used it I have had no trouble in controlling the nervous symptoms. I have great confidence in Gurania and will give it further trial. Sincerely yours,

G. VAN ZANDT, M. D.

A New Way to Execute Criminals.

A bill has been introduced in the Legislature of Ohio opposing hanging and providing that all murderers sentenced to death shall be put out of the way by means of anesthetics which are to be administered under the supervision of a board of physicians and scientists. The condemned man having been placed in a painless sleep, the scientists are to be permitted to take the top of his skull off and watch the actions of the brain and lay bare his heart and other organs and study life there.

The author of the bill is a physician and argues that its passage would give scientists an opportunity to study the currents of life as they have never been studied before, and would undoubtedly result in the most wonderful discoveries to the benefit of humanity.—*Medical Review.*

Did you notice the elegant new advertisement of the Walker Pharmacal Co? No? Well, you are missing a treat, if you do not refer to it at once.

The immense success that this enterprising firm has met with in the manufacture of Phytoline, and the universal commendation accorded them by the medical profession has induced them to put upon the market a new preparation known as Pineoline, made from the imported etherial extract of the Pine Needles. It possesses not only a pleasant odor, but much medicinal virtue. It has been used by some of the most prominent dermatologists and general practitioners in this country with the very best of success.

It is indicated in all forms of skin affections and any stage in which they may be found.

Send to the Walker Pharmacal Co., St. Louis, Mo., for reports and clinical cases on the use of Pineoline and Phytoline.

World's Tribute to

Chas. Marchand's Peroxide of Hydrogen

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Highest Award,
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Chicago 1893

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Send for Free book of 138 Pages Physicians

Remitting Express Charges

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H_2O_2 (Medicinal)

CURES ALL DISEASES CAUSED BY GERMS:

DIPHTHERIA, CROUP, SCARLET FEVER, SORE THROAT, QUINSY, CATARRH OF THE NOSE, OZŒNA, HAY FEVER, BRONCHITIS, ASTHMA, WHOOPING COUGH, INFLUENZA, PNEUMONIA, CONSUMPTION, CATARRH OF THE STOMACH, SMALL-POX, TYPHUS, TYPHOID FEVER, YELLOW FEVER, CHOLERA, OPEN ABSCESSES AND CARBUNCLES, WOMEN'S WEAKNESSES: WHITES, LEUCORRHŒA, ETC.

Chas. Marchand's Peroxide of Hydrogen (Medicinal) is sold only in 4-oz., 8-oz., and 16-oz. bottles, bearing a blue label, white letters, red and gold border, with his signature.

PREPARED ONLY BY

Charles Marchand

☞ Mention this publication.

Chemist and Graduate of the "Ecole Centrale des Arts et Manufactures de Paris" (France).

SOLD BY LEADING DRUGGISTS.

Laboratory, 28 Prince St., New York.

$4.00 FOR $1.00.

Two great remedies sold to physicians direct at one-fourth price others widely advertised.

Acetaniled and Caffeine Compound.

Analgesic
Anodyne
Antipyretic
Anti-Neuralgic
Anti-Rheumatic

Will not depress the heart.

Absolutely safe.

"Your sample of Acetanilid and Caffeine Compound has proven very satisfactory indeed, and is all you claim for it, as non-depressing Antipyretics are something we have not been able to reach before at a reasonable price. Please send me four ounces by return mail."

W. S. R. Russell, M. D.
Lorado, Ark.

Pepsin Compound.

FORMULA:

Sugar of Milk	40 ozs.
Pepsin	8 "
Pancreatin	3 "
Maltose	3 "
Veg. Diastase	4 drs.
Lactic Acid	5 fl. drs.
Hydrochloric Acid	5 fl. drs.

Dr. W. H. Jackson, Springville, N. Y., says: "It is positively the best preparation of the kind I ever saw. I don't see how you can sell it so cheap."

Doctor: The reason we sell at the moderate price we do is because we deal with physicians direct, giving them the benefit.

☞Four Ounces either preparation, in powder or 5-grain tablets, mailed to any physician on receipt of $1.00.

THE MALTBIE CHEMICAL CO.

Pharmaceutical Chemists, Buffalo, N. Y.

In Writing to Advertisers, Mention This Journal.

Abstracts.

Croup.

V. E. Lawrence, M. D., of Halstead, Kansas, says of the use of Iodide of Lime in croup: "I believe the remedy is the most reliable ever used for membranous croup, and have a confidence in it which I have never had in any other." Iodide of Lime is manufactured exclusively by Billings, Clapp & Co., of Boston, who will mail an ounce, postage prepaid, to any physician on receipt of 50 cts.

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26 October, 1893.

Metcalf's Cocawein verdankt seine augedehnte Verbreitung, sowie uberall geteilte Anerkennung verschiedenen Umstanden, von dsned die nachstehenden die bemerkenswertesten sind.

Vor allem zunachst dem zur Herstellung verwendeten Material. Verschieden von den meisten auf dem Markte befindlichen Erzeugnissen, die im grossen und ganzen sehr wenig oder gar keinen Cocaenthalten, wird Metcalf's Cocawein von frischen Cocablattern hergestellt, ein Vorzug, der von jedem Arzte gewurdigt werden sollte, dem an der medicamentosen Wirkung seines Receptes gelegen ist.—Der zur Berietung benutzte Wein ist ein vorzuglicher Traubenwein von ausgesuchtem Aaroma, das seines Gleichen sucht.—Auf diese Weise vereingt Metcalf's Cocawein nicht genug zu wurdigende Vorsuge in sich. Die Thatsache, dass er die Wirkengen beider Ingredienzien in harmonischer Zusammensetzung verbindet, macht ihn zu einem Cocawein im wahren Sinne des Wortes. Er ist daher ein ausgezeichnetes Tonicem, ein sicheres Anodynum und ein willkommenes Nutriens.

Metcalf's Cocawein hat sich in Tausenden von Fallen als *ultimum refugium* bewahrt. In Zustanden allgemeiner Erchopfung, wie sie durch fobrile Krankheiten hervorgerufen werden, hat dieser Wein Wunder gethan.

Fugen wir hinzu, dass dieser Wein von bewahrten Chemikern hergestellt ist, die weder Muhe noc Gelc gescheut haben, um einen Artikel von bester Qualitat den Herren Aerzten im besonderen, dem Publikum imí allgemeinen, zu offeriren, so durfen wir uberzeugt sein, dass „Metcalf's Coca Wine" sich taglich mehr und mehr Freunde erwerben wird. OTTO HENGST, M. D.,

Boston, Mass.

Notes.

Few physicians, who have practiced medicine five years, but have assured some patient relief, in the use of cod liver oil, only to see the patient sink lower and lower, from want of power to digest the remedy. Cod Liver Glycerine removes this difficulty; capable of being diluted with water, requires no digestion, but is a digestive stimulant. If you give Cod Liver Glycerine it will be assimilated. It combines readily in all prescriptions.

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Cactina, the active principle of the *Cactus graudiflora*, has been lately used with much success as a cardiac tonic. It has been found especially valuable in cases of functional disorders of the heart, and produces good results in cardiac dilatation, with anasarca, with or without valvular disease, when digitalis and other drugs have failed. It has no tendency to produce gastric disturbance, and in this respect it has a decided advantage over digitalis. The drug has been put up as Cactina Pillets by the Sultan Drug Co., of St. Louis, and their agents in this country have sent us a sample to test their efficacy. The production is decidedly a pharmacal triumph, and their form lend themselves most conveniently to administration. Each pillet contains a hundredth of a grain of Cactina, and having been able to test the value of them in several cases, we have found them most reliable and efficacious, and are glad to give them a word of commendation.—*Medical Press*, London, Eng.

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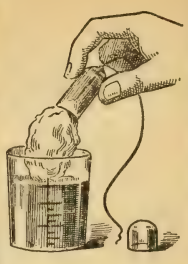

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The Grinding of Specialists.

Lenses are ground. So are specialists. It is one of the many absurdities of our profession that a man can jump, at one fell swoop, and in the short period of four weeks, out of the province of general practice into the seventh heaven of specialism. To-day there is no fact more disgraceful to the medical profession than this. Rotten indeed are many of the medical colleges of this country, but far more harmful are many of the Post-Graduate Schools, Policlinics and so-called Ophthalmic Colleges. Most medical schools profess to hold preliminary examinations of those who desire to matriculate; but in the Ophthalmic Colleges any one can enter, regardless of lack of learning. We cannot condemn in a manner too emphatic the practice of grinding out specialists just as we would turn out a grist of meal or manufacture a link of sausage. Men without any preliminary education pass a few weeks in an "Ophthalmic College," receive an embossed certificate or diploma which heralds their coming to a waiting world, and go forth prepared to destroy vision and impair hearing. Such a condition of things, be it said to our national discredit, is purely American. These half-hatched and abortive products go about the country professing to perform miracles and really do a great amount of harm. They often prescribe concave lenses for hypermetropia and order cylindrical glasses for astigmatism without ever putting the accommodation at rest. Nor do they stop here. Many of them boldly cut recti muscles in children the victims of strabismus, where an intelligent practitioner would cure the case by a proper correction of the refractive error. They run up against cases of glaucoma and call them cataract, and talk flippantly about the ophthalmoscope without knowing how to use it. And when they operate for cataract—and spend an hour in trying to extract the lens—may the Lord have mercy on their souls! Such scoundrels, at times, visit all the larger cities, and many of the villages, of this country. Nor are all of these men itinerants. We know of such who are holding "professorships." Ye shades of Æsculapius! How little a man must know in order to be a "professor." Let him have a few dollars, an adamantine check, and be *suaviter in modo*, and lo! the trick is turned. Much harm is done by gimlet-eyed jeweler-opticians who learnedly chatter about their cases of astigmation, hypermetropia and myopia. We

believe no one should begin the study of ophthalmology without a most thorough medical education, and then only after having had an extensive experience as a general practitioner, gained either in hospital or private practice, or both. In this way only can there be acquired such a breadth of learning, such a correctness of understanding and facility of resource that will enable the careful student of ophthalmology and otology to treat his patients wisely. The oculist should never forget that he is a general practitioner in knowledge, if not in practice; and the family doctor should not consider it beyond his province to refresh his memory from time to time on such important subjects as iritis, glaucoma, cataract, mastoid abscess, etc. Thus the family doctor and the specialist can walk hand in hand, to the benefit of the patient and the honor of the profession.—*Tri-State Medical Journal.*

Decay of Books.

M. Delisle, the principal librarian at the Bibliotheque Nationale in Paris, warns us that our modern literature is destined to perish. Of the two thousand and odd volumes published annually in France, not one, he thinks, will remain after a certain time. Cheap paper is a splendid thing in its way, but this is the price we must pay for it. Old-fashioned paper made from rags has stood the test of hundreds of years, as the many fine specimens of fifteenth century printing show, to say nothing of still earlier books in manuscript. Nowadays, however, paper is made of all sorts of material of a more or less perishable character. In particular, as M. Delisle points out, books printed on paper made from wood pulp soon begin to rot away. At first the pages are covered by yellow spots, and these are replaced in course of time by holes. Even so-called hand-made papers are often no more durable, being treated with chemicals that slowly destroy them.—*London Daily News.*

For La Grippe.

℞ Salocoll (Schering & Glatz)..... ..... ℥ii.
Sig. Divide into powders, No. viii, Take one every 3 hours.

For Gout.

℞ Elixir Tri-Iodide (Henry's)..... ℥iv.
Take from a dessertspoonful to a tablespoonful every 3 hours till relieved.

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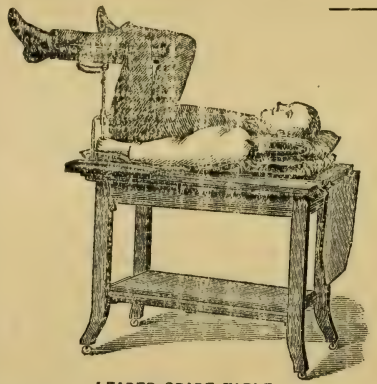

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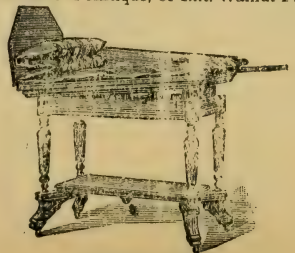

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Trional as an Hypnotic in General Practice.

By Dr. Stieglitz, Visiting Physician to the Department of Nervous Diseases, Mt. Sinai Dispensary.

My observations, which were made on 53 patients in private and dispensary practice, coincide with those of other authors. I have employed the remedy in various morbid conditions attended with insomnia, and usually in smaller doses than are necessary in mental disease. In the majority of my patients 1.0 gm. proved sufficient, and a second or third dose was rarely required.

The sleep produced by Trional is as quiet and refreshing as normal sleep. In a few instances it was preceded by formication in the limbs, and a feeling of malaise, Disagreeable after effects were observed but three times; in two cases the pains persisted, despite the administration of 2.0 gm., and on the following day the patients complained of vertigo and nausea, but these symptoms remained absent if ⅛ gr. morphine was simultaneously administered.

In simple agrypnia. in which sleeplessness is the chief complaint of the patient, and which depends, for the most part, upon cerebral neurasthenia, although frequently also upon faulty habits of life, two different conditions have to be distinguished :—1st, those in which there is inability to sleep, and 2d, those in which after sleeping for two or three hours the patient tosses about for the rest of the night. In cases of the first group Trional acts much more favorably than in those of the second. In the former 1.0 gm. Trional one-half hour before retiring produces a quiet sleep of six to nine hours' duration. It is my habit to give these patients two capsules of 0.5 gm. each, and if sleep does not ensue, the administration of one or two more capsules will be found sufficient to bring it about. On the other hand, if 1.0–2.0 gm. is administered to patients of the second group, it will prolong the sleep in only half the cases; in other cases it is better to let the patient take 1.0–2.0 gm. on waking at night.

In the agrypnia which is so frequently met with in hysterical women, especially during or shortly before the menstrual period, 1.0 gm. is usually sufficient to produce sleep.

In febrile diseases (typhus, grippe, parametritis, phlegmons, acute bronchitis) I have employed the remedy in eight cases. If pain was present the addition of morphine was found necessary.

Trional was also given in a number of cases of alcoholism, epilepsy, Basedow's disease, melancholia, sciatica, trigeminal neuralgia, with good success.

Among the 58 cases an absence of hypnotic effects was noted but four times, twice in consequence of pains and once from an irritating cough. On the ground of my observations and those previously published, I would recommend Trional as a hypnotic especially suitable for general practice. As regards promptness and certainty of effect, ease of administration and freedom from disturbance, it leaves much less to be desired than in the case of other hypnotics.—*N. Y. Medicin. Monatschrift*, Dec. 1893.

Physiology of the Peritonæum.

Mr. Lawson Tait's theory of the function of the peritonæum differs essentially from that given in most text-books. He believes that its importance in the human economy is so great that it should be ranked almost next in order to the brain. In his opinion, the strange and invariable plications of this membrane, the exceeding vascularity of its surface, the presence of innumerable stomata, and the profuse nerve supply derived neither from the motor nor sensory system, all point to some active function, whether it be that of secretion or absorption. All the organs actively engaged in the primary preparation of the systematic nutrients, are not only enclosed in the peritonæum, but all the blood gathered from these great organs is collected by a series of minute venous radicles exposed voluminously and immediately under the peritoneal epithelium to any influences which may arise from it. With regard to the causes of peritonitis, Mr. Tait is equally opposed to the theories commonly held, and forcibly remarks that peritonitis is not a lesion which fits into the germ theory of disease at all. He believes that the influence of the nervous system in the causation of inflammation has been under estimated, and that in peritonitis nerve disturbance contributes more to the death of the patient than microbic invasion.—*Womans Medical Journal.*

For Irritable Bladder.

℞ Spts. Nitre..... ℥ii.
Sanmetto..... ℥ii.
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Fig. 4.

Fig. 1.

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The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gestation and Lactation, to promote Development, etc., and as a physiological restorative in Sexual Debility, and all used-up conditions of the Nervous System, should receive the careful attention of good therapeutists.

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Death from Nitrous-Oxide Gas.

Death from inhalation of nitrous-oxide gas is so unusual that any case should be reported and studied with interest. In the Medical News, Thornbury reports such an accident.

Following some preliminary remarks regarding the effects of nitrous oxide, the following brief report is made of an autopsy in this particular case. The autopsy was held upon a woman who died after the administration of four gallons of nitrous oxide gas by a dentist for the extraction of four teeth. Soon after the induction of anæsthesia the patient began to show signs of embarrassed breathing. Medical consultants were summoned. The pulse became rapid and attempts at breathing spasmodic. Artificial respiration was resorted to; the lower extremities were elevated. Nitro-glycerin ($\frac{1}{100}$ grain) was administered hypodermically, and ammonia applied to the nostrils. The patient seemed to rally for a short time, but unconsciousness continued, the pulse became more rapid and feeble, and the heart's action finally ceased.

The body was that of a middle-aged female, fairly developed and poorly nourished. Post mortem rigidity was slight. Post mortem staining was present over the pendent portions of the body. The median incision showed the subcutaneous fat to be small in amount. No pleuritic adhesions existed in the thorax. The right lung weighed sixteen ounces, and was universally congested and œdematous; there was exudation of a large quantity of frothy serum. The left lung weighed thirteen and a half ounces, and was also congested and œdematous. The lining membrane of the bronchi upon both sides were intensely hyperæmic and the tubes partially filled with frothy exudate. The heart weighed ten ounces, and was of normal size and color. The ventricles were fimly contracted, and the walls of the left ventricle were slightly thickened. There was a dark clot in the chorda of the mitral valve. There were three minute atheromatous areas in the posterior wall of the aorta just above the segments of the valve. Over the anterior surface of the œsophagus were two areas of hemorrhagic extravasation, irregular in outline and about the size of a half dollar. The tracheal mucosa was heavily coated by a frothy, removable mucus.

The larynx was congested, and the lining membrane was also covered with frothy, slightly blood tinged mucus. The congestion was especially marked in and just below the ventricles. The

aryteno-epiglottidean folds were considerably corrugated, suggesting pre-existing œdema. The position of the viscera was normal. The spleen was dark, moderately firm, normal in size and in consistency. The kidneys showed a dark bluish discoloration; the surface was smooth, the capsule non-adherent. The right was slightly smaller than the left, and contained a blood-clot beneath the mucosa of the pelvis and the true renal substance. This clot occupied an area one-half a square decimetre in extent. The ureters were normal and the bladder empty. No urine was obtained for analysis. The liver was normal in size; its weight three pounds. The stomach was normal in size and contained about six ounces of partially digested food. The mucous membrane was coated with thick, semi-tenacious mucus; the membrane was slightly slate-colored in appearance. The intestines were normal. The uterus showed catarrhal endometritis, and there was a small quantity of mucus in its cavity. The left ovary showed a very recent corpus luteum and there was also a small cyst present. The right ovary and the tubes were normal. The brain was not examined, owing to inability to obtain the consent of the coroner.

This case illustrates the invariable presence of danger in the administration of anæsthetics, even of the supposed harmless "laughing gas."—*Therapeutic Gazette.*

A Dose of Atropine.

The Journal de clinique et de therapeutique infantiles remarks that atropine should not be used internally in children under fifteen months old. Of a 1-to-1,000 solution of the sulphate in distilled water, from two to five drops may be given in the course of twenty-four hours to a child between fifteen months and three years old, from five to ten drops to a child between three and five years old, and from ten to twenty drops to one between five and ten or twelve years old.

A Good Expectorant Cough Mixture.

℞ Antikamnia ..... ℥i.
Syr. Senega .....
Syr. Prun. Virgin ..... aa ℥iss.
Syr. Tolu ..... ℥iii.
℥. ft. Sig. Teaspoonful every two to four hours.

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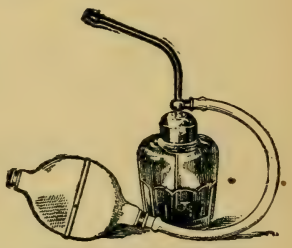

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Miscellaneous.

Booming Medicine.

The insane rush of young men and women, too, into the profession is chiefly owing to an extravagant puffing of a considerable portion of members regarding the financial results of their work. I have a couple of physicians in mind, with whom I was familiar both as a youth and after entering the profession, whose careers are somewhat typical of a "booming" class. . The one was the leading physician of a large town. He claimed and was generally accredited with doing a practice of $25,000 a year. He lived quite inexpensively, except in the matter of horses, several of which he always kept to encourage business, and after struggling with a practice of this kind for twenty-eight years, he suddenly collapsed, leaving his creditors in for over $20,000. The other practiced in a small village, and for years had done a tremendous practice; kept half a dozen horses, slept little, and had rarely time to take his meals; he lived quite inexpensively, except in the matter of horses; he took but one holiday during his whole career; and he affected, and was generally supposed to be possessed of fabulous wealth; and after a laborious professional life of forty years, departed, leaving an estate valued at less than $5,000. I can name a score of men in the profession to-day, who have been lured there by the boasting of these two. This unmanly habit afflicts the profession to a disgraceful extent, and does more injury than any other affliction to which it is subjected.—*Dr. J. P. Armour, Ex.*

The President's physician, Dr. S. C. Bryant, Professor in Bellevue Hospital Medical College and Surgeon General of the State, was elected Vice-President of the Academy at the annual election. There was considerable interest in the contest, which was a spirited but a good-natured one, Dr. Robert W. Taylor, Professor in the College of Physicians and Surgeons, being the opposing candidate. Some two hundred and thirty votes were cast.—*Ex.*

Amenorrhœa.

℞ Fl. Ext. Aloes ..... ʒj.
Dioviburnia ..... ʒviij.
M. Sig. Teaspoonful four times a day.

Announcement.

Messrs. Wm. Wood & Co. are pleased to announce that they have in course of publication, and shall publish as nearly as possible at intervals of four months, a very important work on Medical Jurisprudence, Forensic Medicine and Toxicology prepared by experts of acknowledged authority under the supervision and editorship of R. A. Witthaus, M. D., of New York, and Tracy C. Becker, Esq., of Buffalo, N. Y., assisted by the ablest collaborators in the medical and legal professions.

This important publication will consist of four large octavo volumes (of from seven to eight hundred pages each), which will be published as rapidly as they can be issued from the press.

These four volumes will be printed in the best manner, from new type, and illustrated wherever desirable, by line and "half-tone" engravings and chromo-lithographic plates. In paper, press work, and binding they will be examples of the best work.

It will be bound in Muslin at $5 per volume and in Leather at $6 per volume.

Sold by subscription only. Single volumes not sold.

The March number of the Chicago Magazine of Current Topics is replete with timely articles covering a wide range of subjects. The contributors include some of the most popular magazine writers in the country, whose work will insure a cordial reception for the March number. This magazine has been making giant strides in popular favor, by reason of its high character and wide range of its matter, and the popular subscription price of the publication—$1.50 a year, 15c. a copy.

For Dyspepsia.

℞ Ext. Malt (Parke & Davis) ..... ℥ii.
Bismuth subnit ..... ℥i.
Aq. menth. pip. ..... ℥ii.
℥. Sig. Take a dessertspoonful 4 times a day.

The Health Department of New York has paid $960 for a portable disinfecting machine. It is drawn by horses and can be taken in front of an infected house to disinfect clothing, bedding, etc. The invention is of Hamburg origin, where it was used effectively during the recent epidemic.—*Ex.*

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This Combination of a Nutritive and Digestive: Maltine with a Stimulating Expectorant: Yerba Santa is of great Value in the Treatment of Coughs, Colds, and the

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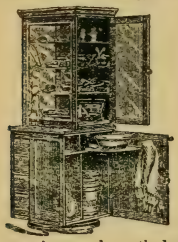

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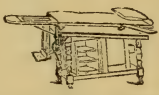

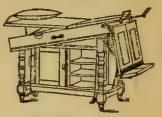

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Please Mention Charlotte Medical Journal.

Opium and Its Antidote.

In February Times we gave the results of an experiment of Dr. Moore, in which he swallowed three grains of morphine, and immediately after ten grains of permanganate of potash with no unpleasant result. It was claimed by chemists that it is necessary to take the antidote immediately after swallowing the poison; for if the morphine once entered the circulation, the potash would have no effect. Dr. Moore shows the incorrectness of the assertion by a series of experiments on rabbits, of which the following is a fair illustration. The rabbit received a dose of five grains of morphine through the mouth. This was administered at twelve minutes to six o'clock. He was sinking rapidly by seven o'clock, when he was treated with a solution of six grains of permanganate of potassium, injected through the veins. Within half an hour he began to show signs of improvement; and by eight o'clock was almost entirely recovered.

"What we seek to show by these experiments," said Dr. Weil, "is that the permanganate of potash will attack the morphia in the blood just as readily as when the poison is taken into the stomach. We also claim that morphia, if given hypodermically, sends a good part of the alkaloid poison to the stomach. In other words, the tendency of morphia is to get into the stomach. Dr. Hetzig, of Germany, discovered that when morphia is injected hypodermically into the body that about fifty per cent. of the poison thus administered finds its way into the stomach. It is therefore absurd to insist that Dr. Moore's experiment upon himself was valueless because of the rapidity with which the antidote followed upon the poison. If the affinity which the poison bears for the stomach is as strong as Dr. Hetzig claims, then Dr. Moore might with perfect safety have waited an hour before administering the antidote.

"But we claim that the success of to-day's experiments demonstrates that the permanganate of potassium is equally effective against the activity of morphine poison absorbed by the blood vessels. Its use must prove of incalculable service in the treatment of the morphine syringe victim. We are perfectly sure of the results attained, and it only remains to apply them in ordinary practice."

To illustrate the astonishing selective faculty of permanganate

of potash for morphine, Dr. Moore mixed 250 grains of the whites of eggs with an ounce of water, dissolving in this mixture one grain of morphine, and adding to the whole one grain of permanganate dissolved in one ounce of water. After thoroughly mixing, not a trace of the morphine could be found. The molecules of the antidote had selected the molecules of the morphine from the mass of albumen, and so converted it into something entirely harmless. In case of poisoning by any of the salts of morphine, Dr. Moore administers ten or fifteen grains of the antidote in eight ounces of water, repeated every half hour, three or four times. In case of poisoning by laudanum or opium he acidulates the solution with a little sulphuric acid or white wine vinegar. Experiments tried upon other alkaloids showed the permanganate to be without antidotal power. Reports are reaching us through the public press of several cases where attempts at suicide have been frustrated by the administration of this antidote —*Medical Times.*

An Abortive Treatment of Quinsy.

In the February number of the Annales des maladies de l'oreille, du larynx, du nez et du pharynx there is an abstract of an article by M. Liegeois, published in the Revue de clinique et de therapeutique. The author states that he has succeeded in aborting an attack of quinsy between the fourth and sixth days in six cases by means of combined local and general treatment. At the outset he cauterizes the tonsil once by painting it with a solution of one part of zinc chloride in twenty parts of glycerin. The eschar separates in forty-eight hours. After the cauterization, a drachm of salol is to be taken in the course of twelve hours. The salol acts as an intestinal antiseptic, an antipyretic, and an analgesic.—*N. Y. Med. Journal.*

Flossie is six years old. "Mamma," she asked one day, "if I get married will I have a husband like papa ?"

"Yes," replied the mother, with an amused smile.

"And if I don't get married will I have to be an old maid like Aunt Kate?"

"Yes, Flossie."

"Mamma"—after a pause—"it's a tough world for us women ain't it ?"

Your Patient's Palate

is entitled to a certain amount of consideration. The therapeutic properties of your remedies do not always retain your patient if the mixtures which you prescribe are not palatable. **Elixir Lactopeptine** is one of the best vehicles you can employ for the exhibition of unpleasant medicines. It has a pleasant, aromatic, "bitter-sweet" taste and is a rich claret color in appearance. Mixtures compounded with this Elixir as a base will please the fastidious palate and the cultured eye, both of which are properties not to be despised in the art of prescribing in these days of active competition.

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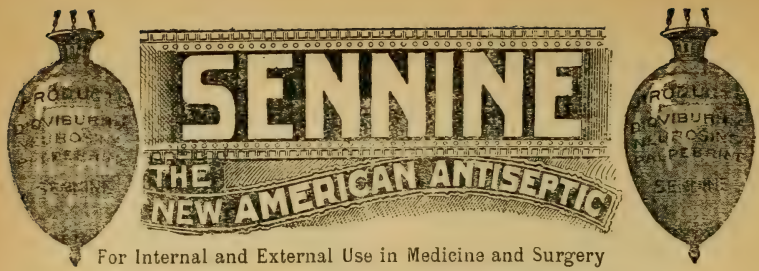
Send 2 cts. postage for "LACTOPEPTINE CALENDAR" for 1893, just out.



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PHYSICAL PROPERTIES—A very fine White Powder, Odorless, Slightly Astringent, and of Sweetish Taste.

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COMPARATIVELY INEXPENSIVE—Five parts of SENNINE dissolved in 100 parts of water, (2 ℥ make 4 pints) is sufficiently strong for an antiseptic wash.

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By MARTIN W. CURRAN, Graduate of the Mills Training School, Bellevue Hospital, New York City.

This book is prepared primarily for a text book in training schools for nurses, but it is a book that every physician that examines will be glad to recommend, not only to young people wishing to fit themselves for the nurse's profession, but also to mothers of families who are anxious to read something on the treatment of diseases and are too often misled by the numerous books of quack remedies. "INFORMATION FOR NURSES" is thoroughly scientific, and the author wisely limits himself to instructing his readers how to follow a doctor's directions intelligently, instead of indulging in the dangerous pastime of administering drugs on their own responsibility.

The retail price of this book is $1.75, but as we expect to introduce it largely through the recommendation of physicians, we will send a copy prepaid to any physician's address on receipt of $1, and shall be glad to arrange with him for placing the sale in his vicinity in the hands of any agent whom he may designate.

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175 Monroe Street, CHICAGO.

To Secure Accuracy of Dosage when Prescribing by "Teaspoonfuls."

By Louis Fatgeres Bishop, M. D., Attending Physician, Department for Diseases of the Nervous System, Demilt Dispensary.

Every one must have been annoyed by the irregularity of dosage when using the good old formula, "a teaspoonful three times daily," due to the personal equation on the part of the patient in selecting a spoon and in filling it when selected.

Many and obvious as are the ways of avoiding the teaspoon in medicine, it is certain to remain on account of its convenience.

I have hit upon the following plan, which satisfactorily overcomes the inaccuracy of dosage without banishing the spoon :

Before prescribing I ask the patieut to select from among the spoons in my office one resembling that which he habitually uses. Then I hand the patient a four-fluid-ounce graduate and a bottle of water or of any handy fluid that is of about the same specific gravity as the medicine I intend to prescribe. Now the patient is instructed to pour out doses and place them in the graduate. When the fluid doled out reaches one or two fluidounces I stop him, and write my prescription on the basis of five, six, seven, eight, or nine doses to the fluidounce he has placed in the graduate.

I have been surprised at the constancy of the personal equation in this simple operation in each individual, and at the wide difference between individuals.

In one case (that of an epileptic), in a prescription to last two weeks, the variation in the number of doses he gets out of it is only two or three, representing a variation of average dosage for separate periods of two weeks of only one-tenth of a grain of the bromides which he is taking.

The Oakdale, 36 West Thirty-fifth Street.

[*New York Med. Journal.*

Sulphate of magnesium is now prepared in tablets for hypodermic injection in cases of constipation. In the Maryland Hospital for the Insane, out of one hundred injections made, sixty-seven were successful and thirty-three unsuccessful. The time between giving the injection and the evacuation averaged seven hours. There is no disturbance of the stomach ahd no unpleasant local effects.

Tablet Triturates.

A rare opportunity is offered the physician who dispenses Tablet Triturates. The Hall Capsule Co., of Cincinnati, formerly manufactured a full line of these goods according to the method suggested by Dr. Robt. M. Fuller, molding instead of compressing, thereby rendering them instantly soluble. Owing to the increased demand for their gelatine products, the Hall Capsule Co. have been compelled to discontinue making Tablets and Hypodermics and are now closing out their line, which, while broken, contains many staples. Send them a memorandum of the Tablets you use and if they are in stock they will make you "panic" prices according to the quantity you can use.

The results of vaccination the present season have been such as to demand attention to the conditions which are responsible for these effects. Upon every hand physicians report an unusual number of severe cases of vaccine disease, and there must be a cause or causes. The symptoms produced in some cases have been grave and alarming, showing that a severe septicæmia had been produced, with the inflammatory œdema, lymphangitis, cellulitis and sometimes necrosis.

Naturally, our first attention should be directed to the quality of the virus, and to this end there should be some competent official supervision over these "vaccine farms," from which we obtain the virus, and this might be accomplished through local "Boards of Health," or through some officer specially designated, in either of which the profession would feel confidence.

We would suggest that vaccine producers would establish confidence in their products, by arranging some plan of supervision themselves, rather than to wait for its compulsion.

Physicians who practice vaccination ought to know the *modus operandi* well enough, but some are liable to be careless and slovenly with the means employed.

There can be no excuse in these days for using unclean instruments. The practice of washing the surface before operating is increasing, and should become the rule. After the vaccine has become dry, some use isinglass plaster dipped in boiling water for the first day, then some aseptic gauze, changed each day. While it may not be necessary to do this in every case, it is certainly excellent practice.

Highland Water

From LEWISTON, MAINE.

Is the Best Tonic, Diuretic, Eliminative and Solvent of Uric Acid.

1. Because it is the softest and purest water known, containing no excess of mineral salts and no lime or organic impurities, being therefore non-irritating to the digestive organs and kidneys.

   Dr. G. THIN (British Medical Journal. vol. ii, 1891, page 91) states that the consumption of water containing lime brings about the development of gouty conditions; no doubt it acts in the same way as the contamination of the water by lead.

2. Because it contains Iron in combination with the alkalies, Sodium and Potassium in small quantities, as recommended by Profs. Flint, Thomson, Draper and others.

3. Because it comes from a region free from malarial germs.

4. Because all its mineral salts, and five of them in the exact form given in its analysis, are found in the human blood, of which they form a most essential part.

Analysis.—Each gallon contains:

Carbonate of Iron	1,100 grs.
Oxide of Iron	0,310 "
Chloride of Sodium	1,000 "
Sulphate of Soda and Potash	0,310 "
Carbonate of Soda and Potash	0,831 "
Carbonate of Magnesia	1,230 "
	4,781 "

HIGHLAND WATER is sold in glass only, and every bottle has our registered trade mark (two crossed arrows) on both cork and label. It may be obtained from Grocers and Druggists generally, or from the

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(Antipyretic and Analgesic) is useful in Neuralgia, Typhoid Fever, La Grippe Sciatica, Acute Rheumatism, Hemicrania and allied affections. It reduces Temperature and relieves pain, without subsequent ill effects Price per ounce, 25 cts.; per 100 tablets (5 gr.) 50 cts. Samples of above sent on application to

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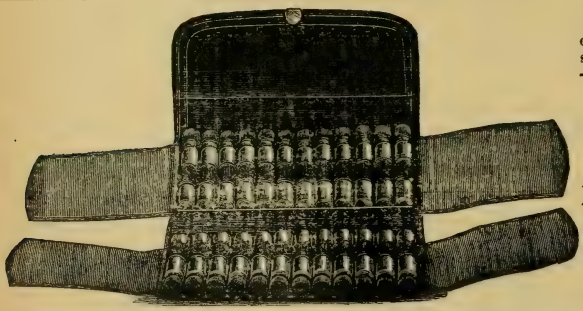

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Antiseptic Obstetrics.

Editor Medical World:—I so fully concur in the views expressed by Dr. J. S. Ducate in the January number of the Med. and Surg. Reporter, of Philadelphia, that I will add my experience in confirmation thereof. With 50 years' experience in practice, embracing some 2,000 obstetrical cases, with a loss of less than one-half of one per cent. from all causes, including puerpeal eclampsia, placenta previa and one of tubal pregnancy, I feel that my duty was not illy performed, notwithstanding neither in the past nor at the present have I paid any attention to the extreme views upon the subject of antiseptics. All the antisepsis performed by me is not for the benefit of the parturient before or during delivery, but a thorough washing with soap and water for my own comfort after my other duty is performed.

I regard cleanliness an essential factor in the treatment of all diseases and conductive to good health, hence I think it best, though not essential in most cases, to give the vagina a few ablutions of warm water, and, if the discharge is more than ordinarily offensive, to use a wash of carbolic acid, or, what I regard as equally efficacious and more pleasant, a wash of tar water, after cleansing the parts with warm water.

If thorough washing after each menstrual flow were more generally practiced there would no doubt, be less womb trouble in after life. Since the use of antiseptics in surgical practice, operations are performed which are wonderful in their results, and perhaps the suggestion may not be amiss that thorough cleanliness is a pre-requisite to the use of antiseptics, without which I presume little good could be expected; therefore would ask whether asepsis without thorough cleansing would equal thorough washing without the use of antiseptics.

There is nothing that decomposes as quickly as blood, hence the necessity of its riddance. Butchers know this fact and are pleased to see a full flow in view of the better keeping quality of the meat. This is further illustrated in case of a beef killed by lightning, without the loss of blood, which in a very short time will be unfit for use.

Though not pertinent to the subject under consideration, it may not be amiss to give my experience on the obstetrical subject.

Although taught to wait from one-half to two hours for the expulsion of the placenta, I have long since thought the advice wrong in theory and still worse in practice. I see where some practitioner (name forgotten), "goes for" the afterbirth before tying the cord. This I regard as "too previous." My habit is to proceed to the delivery as soon as the child is given to the nurse. A little kneading of the abdomen, a slight traction of the cord, with the help of the finger of the other hand, and you will seldom have any difficulty, and this early delivery greatly lessens the danger of flooding and insures against hour glass contraction.

I will further state that I have long since almost abandoned the use of ergot as a means to increase the inefficient pains of labor, believing that it more frequently does harm than good. My experience with Viscum Album (Mistletoe), though quite limited, is more favorable for that purpose. Pretty firm pressure upon the perineum during a pain is often of great advantage in helping the pain, both in force and longer continuance, and with the further tendency to relax the parts and thereby lessen the tendency and danger of rupturing the perineum.—*G. W. Kember, M. D., Port Republic, Va., in Med. World.*

Recently we advised our readers of the advantages possessed by compressed tablets in administering medicines. We have found them more reliable, more easily administered, and more easily carried being less bulky, and in every way more convenient; it is not singular then that this pleasant and convenient method of prescribing or dispensing medicines should be taken advantage of by a large and increased number of physicians throughout the country. These tablets can now be procured from the manufacturers, who are thoroughly reliable, and a physician can depend upon uniformity and effectiveness of each dose given. We have understood more than 50,000 physicians are using tablets made by the H. K. Mulford Company, of Philadelphia, with most satisfactory results. This firm received the highest medals at the Columbian Exposition for the superiority and solubility of their tablets, triturates, lozenges and hypodermics. If you have not already used Mulford's tablets, you should by all means write for one of their complete lists and resume of winter remedies.

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New York Neurological Society, Meeting of April 4th, 1893:

"A case was presented of *locomotor ataxia* which had been treated with hypo-"dermic injections of CEREBRINE. Six years ago the patient, a man aged forty, had "begun to suffer with double vision. This, after several months of treatment, had "disappeared, and for a time he had been quite well. The typical symptoms of loco-"motor ataxia then came on; complete loss of knee-jerks; sharp pains in the legs; ataxic "gait well marked; inability to stand with the eyes closed; difficulty in evacuating the "bladder and bowels, sexual power lost; a sense of constriction around the waist. "Treatment was begun about ten weeks ago, and consisted of a daily hypodermic "injection of CEREBRINE (Hammond) five drops, combined with a like amount of "water. Improvement very marked; sexual functions perfectly restored; complete "control over bladder and bowels, and sharp pains had disappeared; general health im-"proved; able to run up and down stairs, and could stand steady with the eyes closed. "No other treatment employed. Improvement gradual and steady.

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A BRAINY THERAPEUTISL.—A native of Georgetown, Md., has the following sign on the front of his store: "Born with brain within brain i can kure enny kind of misery in a short time with only the best erbs to be used."—*M. Rec.*

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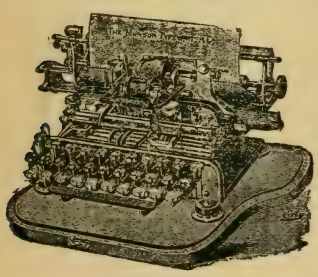

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The New Mannlicher Missile.

The London letter of the New York Sun contains the following paragraph regarding the new weapon of European armies, that is said to carry two miles and a half:

"The chief surgeon of the Roumanian army has been making grewsome experiments with the new Mannlicher rifle, with which the forces are being equipped. He placed a number of human bodies in rows, like soldiers on the field of battle. At 600 meters five bodies were placed a half yard behind each other. A single bullet went through three bodies in succession. Upon the soft parts of the bodies the wounds were perhaps less serious than those inflicted by the old fashioned rifles, the hole made by the bullet being smaller and more even; but on the whole the injuries are far more terrible. The range of the new rifles is about two and a half miles."

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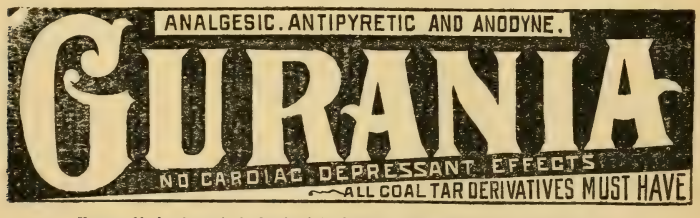

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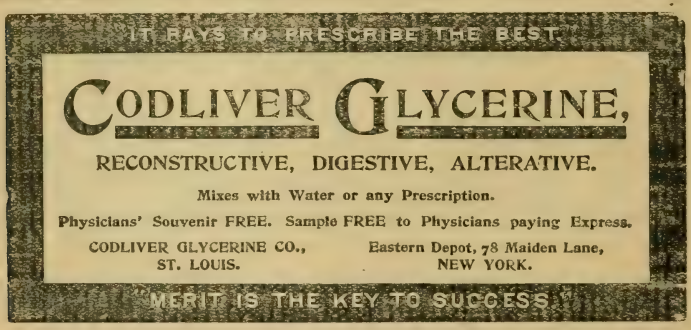
Spiegler has introduced a very delicate test of minute traces of albumen in urine. He states that by its means he can detect one part of albumen in 225,000 parts of urine. The test solution is composed as follows: Hyd. perchlor. 8 grammes; acid. tartaric, 4 grammes; sugar, 20 grammes; distilled water, 200 grammes. The sugar serves to raise the specific gravity of the liquid to 1060, which is higher than nearly all urines. It is used by placing some in a test tube, and gently adding a little of the urine to be tested. If albumen is present a ring will form at the junction of the two liquids. Gurrieri (Reprint from the Reforma Medica, Segtember, 1895,) has made some observations on this reaction, and has ascertained the fact that the reaction is incapable of detecting even large quantities of either egg or serum albumen, save in the presence of chlorides or by hydrochloric acid, the action being more marked in proportion to the amount of chlorides present. The same is true for albuminous urine if the chlorides are removed by previous addition of silver nitrate, and subsequent removal of the silver salt. In the rare cases, therefore, in which urine is free from chlorides, the reaction as it stands will not take place, and it would be necessary to add a trace of chloride. A minute quantity of urine, added to a solution of pure albumen of any kind, was found to be sufficient to ensure the success of the test, by virtue of the chlorides contained in it. In order, therefore, to make the original test unfailing, the author suggests that it would be as well to add a small amount of chloride to the test solution, which then becomes an exceedingly useful one for clinical purposes.—*British Medical Journal.*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Rest in Bed.

Dr. Guy Hinsdale, in the course of a lecture on nursing in nervous disease, particularly hysteria, describes the advantages to be derived from ordering absolute rest in bed. It will seem somewhat strange to those who have been accustomed to go about the house, although in a languid manner. It will be far better also for invalids who recline on sofas, and yet have not cared to relinquish all opportunity of seeing friends, and hearing of the outer world. By going to bed in earnest, and under no pretext walking about the room, not even sitting up, and in some cases not even feeding herself, the patient realizes that a new era has begun in her life history. The result is that she appreciates highly the opportunity to feed herself when the permission is given, perhaps after a fortnight or more of denial. At the end of a month or so she sits up a few minutes each day; the time is lengthened; at the end of two months, perhaps, she is allowed to sit in a chair. Every added privilege is appreciated as never before; liberty never seemed such a boon. It is like the hunger of a convalescent from typhoid fever. The whole aim in life, if you have maintained the case successfully, is now to occupy a spere that before seemed impossible to attain, and with timely assurance you will have the satisfaction of seeing the patient launched upon the world made over anew. These are matters of actual experience.—*Boston Med. and Surg. Journal.*

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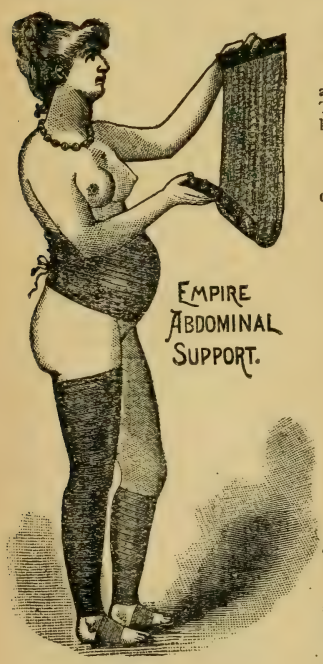

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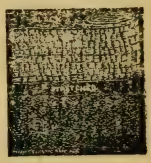

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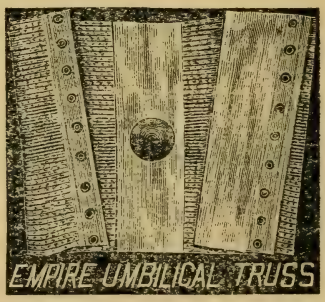

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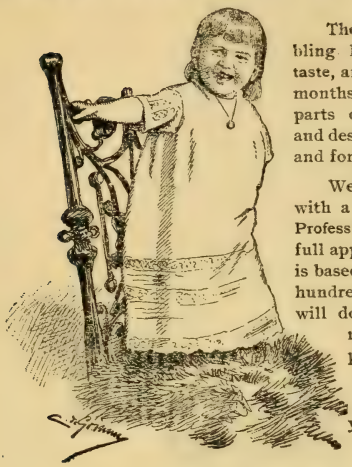

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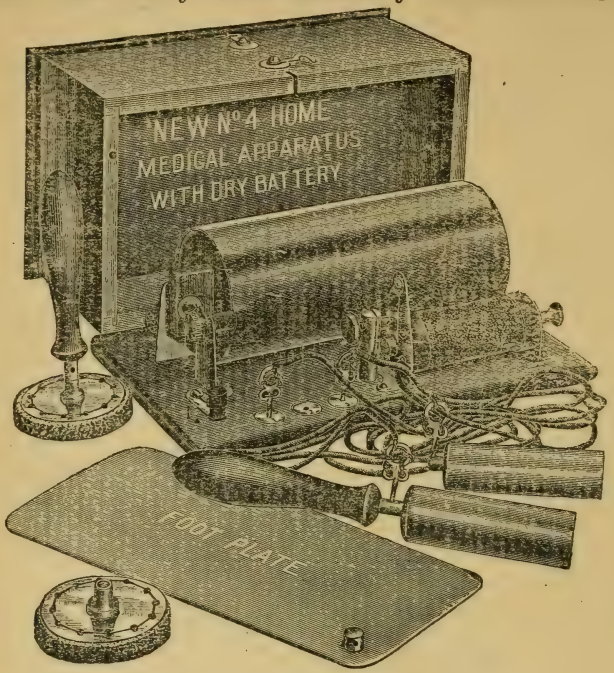

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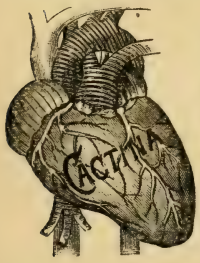

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Charlotte Medical Journal.

Vol. IV. CHARLOTTE, N. C., APRIL, 1894. No. 4.

Original Communications.

Dosimetric Medication.

BY J. H. POOL, M. D., SOUTH MILLS, N. C.

It is with a desire to be helpful that I come before your readers with an article on Dosimetric Medication.

Dosimetry teaches *exactness* in medicine. The physician knows when he prescribes for his patient just what he is giving. It is no "gunshot" practice, but the *cito, tuto et jucunde* of Celsus—quick, safe and agreeable. The medicines are the active principles of the drugs used, put up in granules and each granule of the same character has precisely the same weight, hence the name "Dosimetric."

The granules are small enough to administer to the smallest child, and are readily taken by them; yet, by frequent repetition, are sufficient to meet the demands of adult cases. They may be given together, two or more, or separate, as the case may demand, and are "arms of precision."

The uncertainty of dosage has been a subject of vexation to medical men because they have not been able to determine either the quality or the quantity of the drug administered. This *method* assures the practitioner as to the quality, as he is dealing only with active principles. Concerning the quantity there is no uncertainty, as he is using "measured doses" according to the strength of the active principle. There can be no fear of a mistake since we have the elements of a mathematical dosage and we are not obliged to rely upon the greater or lesser exactness of the druggist. In the old method, the tinctures, the fluid extracts, syrups, etc., are uncertain in composition and activity, since everything depends upon the strength of the alcohol used, the part of the plant taken, the season of the year gathered, the climate and the

soil grown in. Does any one know the exact amount of active principle contained in these preparations?

The dosimetric granules do away with this uncertainty. The work of the practitioner becomes much easier, since everything is reduced to a limited series of granules, and a small pocket case will contain all that is needful to meet the emergencies of an every-day practice. A cleanly, convenient case of active remedies, in my opinion, is far superior, from every point of view, to the time-honored method of bottles full of nauseous mixtures and boxes of unsightly pills; or to wasting precious time for the ℞ to be filled (correctly or by substitution) by the careful or careless druggist.

Small doses frequently repeated have been advocated by Ringer, Mandt, Everard, Burggraeve and other therapeutists, and the advocates of this plan are rapidly increasing. Each year Dosimetric Medication is taken up by thousands of physicians all over the world, and one day's use of the dosimetric granules is sufficient to demonstrate to the busy practitioner that they are just what he has been looking for.

In 1859, when I commenced the practice of medicine, I supplied myself with the crude drugs then in use, for I located in the country far from any drug store. I had been taught to bleed to syncope, and give mercury to ptyalism in all sthenic diseases, and the bitter and nauseous compounds administered were well calculated to foster the opinion that the sicker the medicine made the patient the more good it would do him. But progress has put her mark upon our profession and every day shows some improvement, and dosimetry is not the least, by far, of these improvements.

In the discussion of a paper lately read before the Philadelphia County Medical Society, by Dr. Thos. J. Hays, on "Large Doses of Stychnine in the Treatment of Cardiac Diseases," Dr. J. Solis Cohen said: * * * * * "The fact that we do not kill a patient by large doses of strychnine does not necessarily prove that we have done him good. * * * * * *In acute cases the best method of administration of Strychnine is by means of dosimetric granules.* * * * * * I believe that while strychnine is very useful in all the conditions described by Dr. Mays, the best effect can be obtained *by limiting the dose to the smallest quantity that will produce the physiological reaction intended.*"

With Calomel, gr. $\frac{1}{6}$; Aloin, gr. $\frac{1}{12}$; and Podophyllin, gr. $\frac{1}{12}$,

every hour, I can obtain all I desire in most cases, and in a more satisfactory manner than in the usual form of administration in one ordinary dose. So with a granule of Morphia Sulph. gr. $\frac{1}{50}$ every hour, I have relieved pain without the least nausea or vomiting in patients who could not bear opiates in any other form.

Prof. Smith. of Bellevue, says in regard to small doses frequently repeated, that he gives castor oil, five drops, rubbed up with sugar, every two hours, in intestinal irritation of children; tincture hamamelis, one drop every fifteen minutes as a sedative in children; tincture pulsatilla, one drop every fifteen minutes in dysmenorrhea, also in orchitis and epididymitis; Fowler's solution, one-half drop, every hour in nausea of pregnancy, and after a drunken debauch, tartar emetic, one grain in a quart of water, one teaspoonful of the solution to be taken every fifteen minutes in bronchitis of children; and fluid ext. ergot, one drop every fifteen minutes in menorrhagia. This was ten or more years ago, when the active principles were not so generally used as now, and dosimetry was not so wide spread. The principle is the same as advocated by the followers of Burggreave.

To illustrate more specifically the difference between the ordinary methods and the dosimetric we will take veratrum viride in the treatment of pneumonia.

Dr. H. C. Wood, in Boston Medical and Surgical Journal, says:

"By means of this drug (veratrum viride) we can get all the good that comes from venesection. You bleed a man, you depress him, lower the immediate activity of the vital forces, but you also take away power, and by and by, when the fight comes, that man is exhausted. Remember that the abdominal vessels in a man will, after death, contain all the blood in his body and not be full. When we give a man veratrum viride, we dilate his abdominal vessels—we bleed the man into his own belly. By the action of this drug we get the influence of venesection; but instead of withdrawing the blood entirely from the body, we put it in a reservoir, whence we can pour it back when the proper time comes." Dr. Wood goes on then to give from two to five drops of the tinct. veratrum viride until the desired effect is produced.

Dr. W. Martin, in Medical News, says "that veratrum viride is the best remedy in pneumonia. Commencing with small doses and gradually increasing, it is a safe medicament. It should be

given early, if possible in the first stage, though it is of use in the second stage."

Dr. Jno. M. Batten, in Southern Clinic, Dec., 1893, says: "The nearer we can keep the patient's pulse normal with this drug (veratrum veride) the less mischief the inflammation is going to do the patient and the sooner the patient will recover. I have frequently noticed the good effect of tinct. veratrum viride in the treatment of pneumonia." Dr. Batten gives the tincture in three drop doses every three hours.

The Dosimetric plan of treating pneumonia in the first stage, and if seen early enough there is no second stage, for the disease is "jugulated," is to reduce the inflammation with Veratrine, gr. $\frac{1}{250}$; Digitalin, gr. $\frac{1}{250}$; Aconite, gr. $\frac{1}{500}$, one of each granule together every half hour or hour until deferrescence takes place; then as tonics Strychnine anseniate, gr. $\frac{1}{134}$; Quinine hydroferrocyan., gr. $\frac{1}{67}$, one of each together every 2 or 3 hours. For the asthenic form substitute Strychnine arsen., $\frac{1}{134}$ for the Veratrine in the first formula. This article will not admit of, nor is it necessary to go into, a minute detail of treatment. Meet indications by proper dosimetic remedies and the disease will be "jugulated" if seen in time.

In conclusion allow me to say that Dosimetry is not a distinct "system" of therapeutics. Dosimetric granules are simply a form in which our remedies are prepared. They are convenient, accurate, prompt and certain of effect. Convenient because a full supply may be carried in a pocket case. Accurate, because they contain, with mathematical accuracy, a certain quantity of the active principle we wish to administer. Prompt and certain because the alkaloids and active principles are free from their original chemical combinations and are in a form favoring rapid absorption. Each granule contains a single active drug, and hence their therapeutic action can be more accurately determined. For example, when you give opium in its crude form, you are giving more than a half dozen different agents at once; but when you give morphine or codeine you know you are giving a single therapeutic agent.

The question may be asked if I use the dosimetric method exclusively. No; I was educated under the present methods and cannot wholly give up many favorite and well tried prescriptions. In many cases they will, perhaps, be preferable. As Dr. W. F.

Waugh, in an excellent article, well says, "for sudden emergencies or great pain the large dose is the best; for hemorrhages, also, when a sudden and powerful impression is needed. A teaspoonful of laudanum will save a life in post-partum hemorrhage, when the same quantity dribbled in will kill. For insomnia, a patient might be awake for hours taking a granule of cannabin tannate every five minutes, when a single two-grain dose would produce a prompt effect. But do not think I wish to undervalue the small dose frequently repeated. Aconite is scarcely ever given in any other way. Veratrum is generally best given thus, but in puerperal eclampsia we cannot wait, but give full doses promptly."

Annual Address before the Randolph County Medical Society.

By Dr. F. E. Asbury, President, March 20th, 1894.

To the Gentlemen of the Randolph Medical Association :

It is with diffidence that I appear before you to-day as the presiding officer of this body, and I approach with great hesitation the task of delivering the Annual Address. I desire in the commencement of my remarks to return my thanks to my fellow members for the honor they have conferred upon me by calling me to preside over the deliberations of this body for the coming year. I hope we will all work together in love and have good, profitable meetings.

The beginning of another year brings us face to face with its duties and difficulties. We look back with waning interest to the triumphs and the failures of the one just past. They have become history or memory, according to the magnitude of their importance. Here we are content to let them rest, having obtained from them whatever instruction and benefit they afford ; let us now turn our headlight to the future with a resolve that during this entire year we will actively labor to improve ourselves and our profession. We need personal improvement in many ways—to touch up and strengthen our weak points, to look over and take account of our mental and scientific stock, filling the shelves that have become nearly empty.

We need to compare ourselves with the best men within our observation and to work up to their level. Let us not be satisfied

merely to know that some are below us; let us not be content as long as any are above us.

We can improve our profession in many ways. We may strive to uplift the standard of true professional courtesy. We may defend the profession from the many delusions on the part of the ignorant or prejudiced. We may encourage, support and write for the best Medical Journals. We may make modest reports of our most instructive cases and our discoveries in treatment, for the aid of our fellow practitioners.

It goes without saying that union and co-operation have become as indispensable to scientific bodies as in the material walks of life. In all humane enterprises every advance accomplished is by co-operative work, in this way laws are perfected, agriculture improved, philosophical investigations consummated, political and philanthropic reforms attained; by it, railroads and canals are built, civilization extended, tyranny and oppression overthrown, the Gospel preached, and civil and religious liberty secured.

By union and co-operation alone can the science of medicine be advanced. Isolated individuals, men who in the pride of self-reliance and self-sufficiency reject the aid and sympathy of their cotemporaries *are failures.* They may have great ability, they may be faithful and enthusiastic in the departments to which they have devoted themselves, but in the end they are disappointed because they have over-estimated their individual strength and have not sought the companionship and concurrence of others. No class of men appreciate the value of co-operation more than medical men. Organization must be our watchword. In a country where all is progress, the medical men must not be laggards. Our medical societies, if established, carried on and sustained in the proper spirit may become great aids to us in every way. Their great object, apart from discussing subjects of interest to us as practitioners, will be that of diffusing more geniality and sympathy among their members and through them to those around who may not connect themselves with the societies, and this we conceive to be the best and highest object susceptible of attainment, and the most needed. We will be brought together from our responsible duties from time to time to confer together on subjects of vital interest to the profession, to the community, and ourselves. In so doing we will have opportunity for cultivating more kindly relations, a more catholic

sympathy, and enlarged charity among members of the profession, and nothing can be more desirable than this. Our profession brings with it enough to cast over the life of each of us a shadow, and we need among ourselves the kindly word, the cheering voice, and the ready hand to fortify and assist us in all our undertakings, instead of cold indifference or unkind criticism. Attain such results and we not only exalt our common calling, but in so doing, we will most certainly elevate our personal character and standing. One thing is needed for the elevation of the moral, as well as the scientific, status of our profession, and that is harmony and good will for our feilow workers. Nothing contributes to this so much as these reunions; by these meetings rivalries cease, distrusts are dispelled, and kindly relations established; old friendships are confirmed, new friends made, and greater charity prevails.

We are made to see that in the meager and uncertain scientific facts in our calling there is reason for honest difference of opinion. To these meetings every worker can bring his contribution and add it to the common stock of ascertained knowledge. Let us cultivate a generous appreciation of each others work; let us eliminate every particle of envy at the success of others, let us heartily commend all who have advanced over science; let us remember that the man who can appreciate what is excellent in others is the man most likely to accomplish what is excellent himself.

Now, gentlemen, let our motto be lofty aim and united action. Let us show to the world that under changed conditions we have still the stamina of our forefathers. As members of our beloved profession let us strive to be first in scientific attainments, first in integrity, first in high purpose for the good of mankind.

Reported by C. C. HUBBARD, M D., Sec.

The day is far from remote when all great schools will give up all their so-called didactic teaching, and teach as we do—by patients and demonstrations. We consider that much of the time spent in listening to descriptions of typhoid fever and pleurisy is time wasted, unless there is a patient there upon whom the symptoms can be pointed out in part, as enumerated. Text-books and recitations under the direction of a practical man are much better means of imparting this kind of learning, and the lecture ought to go. All that should remain to remind one of it is the paper read by an expert to experts in societies, where, all having seen what the writer is talking about, may understand him as he goes along.—*The Post Graduate.*

A Review of Anæsthesia and Anæsthetics and the Medico-Legal Bearing.

A Paper Read Before the National Dental Association, at Washington, D.C.

By J. J. CALDWELL, M. D., Neurologist, Expert in Medico-Legal Procedure, Baltimore, M. D.

As to whom the great honor should be awarded of having discovered such a valuable and benign agency as anæsthesia, we cannot but coincide with the opinion pronounced by Dr. J. Marion Sims, in the Virginia Medical Monthly, of May, 1877, that the distinguished individual was Dr. Crawford W. Long, of Athens, Georgia, who extirpated a tumor from the neck of James W. Venable, of Jefferson, Jackson county, Georgia, March 30th, 1842, while he was completely anæsthetized by the inhalation of sulphuric ether. As remarked, however, by Dr. Sims, "to each claimant for the honor of discovering anæsthesia is due a certain measure of credit." The names of Long, Wells, Morton, and Jackson will doubtless be associated together as co-laborers in the great work, and to these must be added the immortal name of Sir James Y. Simpson, who introduced chloroform and enlarged the domain of anæsthesia.

Dr. Wellford remarks that in childhood and obstetrics the use of chloroform, in careful and experienced hands, is as nearly safe as any other article of the materia medica of equal potency and benefit. In obstetrics, two million cases have been reported in which it has been successfully used, and medical journals have reported only four or five cases of death, and these were not under the management of medical men. Undoubtedly the chief danger arising from the use of chloroform is the impurity of the article. Methyric chloroform, which is liable to contain six per cent. of a dangerous empyromatic oil, has, as surmised by Dr. Wellford, caused a large proportion of the deaths by its inhalation. The Pharmacopia gives a formula for chloroform purifaction, which is the only safe one to use. Another source of danger is the improper administration of chloroform. "To produce ethereal anæsthesia," says Dr. Wellford, "it is absolutely necessary to prevent the entrance of atmospheric air, and compel the patient to breathe only pure ethereal vapor. The system is able to exist in the amount of oxygen thus obtained, and consequently one is compelled to use

large quantities of the article. If you were to pursue the same plan with chloroform you would inevitably produce the death of your patient by suffocation or pure asphyxia, and all the more readily because he was somewhat anæsthetized, and was therefore unable to make the necessary effort to obtain relief; consequently, anyone accustomed to the use of ether should be aware of the difference of application, or he might unwittingly cause a fatal result." Too frequently the operator, anxious to save time, places the sponge too close to the patient's nose, causing a fatal result by suffocation, only hastened but not caused by the chloroform. Dr. Marion Sims, with others, has expressed the opinion that "unfavorable effects of the remedy were primarily produced by anæmia of the brain." But Anstie remarks that "two distinct lines of narcotic impressions may be traced in the action of chloroform upon the animal organism; the development of the one or the other depending entirely on the rapidity with which the arterial circulation becomes charged with the narcotic agent. When the impregnation of the blood takes place with moderate rapidity, the sympathetic system is *ultimum moreius*, and death begins at the lungs. When, on the contrary, the circulation becomes rapidly charged with a large proportion of chloroform, the narcotic effect may fall with such force on the sympathetic nerves as to extinguish their vitality. The greatest possible importance is attached to this distinction, for one of the causes of the latter occurrence is the production of instantaneous paralysis of the heart."

Says Anstie: "The effect upon the intellectual operations during the first few seconds of inhalation appears to be an invigorating one. Needless timidity and distress vanish while consciousness is as yet unaffected, and the expression of the face is bright and intelligent. Before the conclusion of the first minute, however, the approach of intellectual paralysis is perceived in the great majority of cases; the patient, if narrowly observed, will be found to be losing consciousness of actual events, and in many instances, this state is accompanied by a disposition to voluble talking of a more or less unreasonable character. As the affection increases, the very curious phenomenæ of narcotic reminiscence make their appearance, if at all. This never happens until inhalation has proceeded for at least a minute, and usually longer. Paralysis of

the tongue usually prevents the utterance of connected language in a few seconds more, but the patient will sometimes continue to babble in a way indicating the existence of consciousness until a very advanced stage of anæsthesia; and, in cases where it is not necessary to carry narcotism to its furtherest, this may go on throughout the maintenance of anæsthesia. Signs of emotional disturbance sometimes accompany the first diminution of consciousness; the patient is angry, or pathetic, or sentimental, and gives expression to these feelings in words with no reference, or only a confused reference, to persons and things actually present.

The power to co-ordinate voluntary movements is actually affected very soon after the first impairment of consciousness; the patient makes vain efforts to grasp objects, and very soon afterwards his articulation becomes slightly impaired in sensation and voluntary motion. These functions, although their alteration may be said, on the whole, to proceed *pari-passu*, both of them being earliest disturbed in the lower limbs (as was observed of alcohol), must be separately reported on.

(*a*) The first effect on Sensation which is noticeable is the removal or mitigation of any pain from which the patient suffers; this is often effected by one or two inspirations only as an evidence of paralysis of skin-sensibility. Before the end of the second minute, however, there is very considerable paralysis of the whole skin surface. The conjunctiva always retains sensibility later than the skin, with certain exceptions, presently to be noted. In the great majority of instances, however, it was rendered insensitive by the time that contraction of the pupil was well marked (third stage). Certain proportions of the skin and sub-cutaneous tissue, however, retain their sensibility with extraordinary tenacity; these are the matrix of the great toe nail, the margin of the anus, and the whole of the skin of the organs of generations. It is impossible to obliterate their sensibility without pushing chloroformization to a degree which greatly surpasses that required for ordinary purposes. This observation is confirmed by experience with animals, and its importance cannot be too highly estimated, for it explains the frequency with which death has happened in the course of anæsthesia induced for the performance of operations for phimosis, evulsion of the toe-nails, hemorrhoids, etc. All kinds of fanciful reasons have been given for the fatality of chloroform in

such trifling operations, but there is no doubt that this is the true one.

(*b*) Voluntary motor power is usually not much diminished during the first minute of inhalation, and the patient occasionally struggles from alarm, but in the case of regularly induced anæsthesia, this voluntary struggling is limited, in a great majority of instances, to this early stage; and simple paralysis, gradually increasing, is the only further phenomenon connected with the voluntary muscles. This paralysis has reached a high degree by the end of the second minute.

(4) Under the head of "Effects on the Sympathetic System," are classed: (*a*) Flushing of the face, accompanied with heat (and sometimes with sweating), and not fairly attributable to the heat of the room or to the effect of struggling, etc., and is always a late phenomenon, unlike the case of alcohol and ether, in which sympathetic paralysis is one of the earliest symptoms. (*b*) Contraction and dilation of the pupil. While contraction occurs in the majority of cases by the end of the second minute, and is fully developed during the third minute, dilatation rarely occurs until the latest stages, and may fairly be considered as a sign that a profound degree of anæsthesia has probably been reached. This observation has been verified by many cases. Wide dilation of the pupil is very rarely witnessed except in conjunction with stertorous breathing and considerable depression of the heart's action, as to force and frequency.

(5) By effects on the *medulla oblongata* are meant the production of sterterous breathing, laborious breathing, or both. The phrase is by no means intended to signify mere snoring, by paralysis of the velum palate and buccinators. Laborious breathing—that is slow and somewhat irregular. Profound modification of the breathing is always accompanied by wide dilation of the pupil.

(6) Reflex phenomena (*a*). Coughing produced. It does not occur in any patient after the conclusion of the second minute, except as a sequel of vomiting.

Says Anstie again: "In the fifty children observation was made on, the modifications of sensation and voluntary motion of the functions of the sympathetic system, and *medulla oblongata*, and on the reflex phenomena. The only matter requiring observation is the convulsive phenomena where noted in only two cases, and

symptoms indicating approaching syncope only in one. The latter fact faithfully reflects the result of my whole chloroform experience, in demonstrating the comparatively small amount of danger to children from weakening of the heart's action under chloroform."

Prof. G. M. Beard says, in his experience children bear chloroform as they do milk.

Anstie says: "The final observation which has to be recorded as to these one hundred cases is, that the smallest quantity of chloroform employed in any case was two, and in the largest, three, drachms. On a review of the observation detailed above I conclude—(1) That the phenomena of anæsthetization of man by chloroform vapor, when this is conducted with method, and is accomplished in a period of about four minutes, are, on the whole, extremely regular.

(2) Under such circumstances the occurrence of any dangerous degree of depression is rare, and may always be remedied by attention.

(3) During a very short period at the commencement of inhalation the vital functions are stimulated, an effect which seizes on the very first occurrence of narcotic symptoms.

(4) The whole subsequent train of symptoms is that of depression of the various portions of the nervous system in consecutive order of occurrence, the brain being the first to lose and the *medulla oblongata* and sympathetic system the most tenacious in retaining their proper functions.

(5) The convulsive phenomena occasionally witnessed belonged to the category of the paralytic, and not of the stimulant, effects of chloroform, unless they are brought about from an accidental local cause.

(6) Every considerable increase or decrease in the frequency and every decrease in the force, of the respiratory and circulatory movements, is a part of the depressing influence of chloroform.

Says Prof. J. J. Chisholm, of Baltimore: "The only legitimate and rarest of all causes of death from an anæsthetic now faces us. It is that unknown condition called idiosyncracy, in which anæsthetics show themselves a poison of extreme activity. The patients who carried about with them this innate fatality exhibit it by fresh signs. When such persons die from the toxic inhalation, the autopsy reveals absolutely

nothing to indicate the destructive effects of the poison. Anæsthetics are among the most powerful drugs of the Pharmacopia, and must always be administered with caution. To bring a living being to that border land in which life in many respects so simulates death, should at no time be a fool's occupation.

'From my own experience and observation, I can readily see how there be several causes for death during the administration of anæsthesia, even when the chemically pure drugs are used, the patient being in a recumbent posture, with loose clothing, and in a proper position for its inhalation. Etherization in the sitting posture is dangerous and should never be undertaken. May not the safety with which chloroform is used in obstetrical practice depend much upon the empty condition of the stomach ?—the loose clothing and the horizontal decubitus, which are considered the best preparation for safe inhalation, accompanied, as it always is in labor cases, with no fear of, but a longing for, the anæsthetic.

'In the first place I can understand how a child, saturated with chloroform, covering up the face of the patient so as to exclude air, may necessitate inhalation of so saturated an atmosphere as to cause excessive irritation of the air passages. This may act injuriously upon the respiration and circulation. Should a fatal result occur under this condition of faulty administration, we should not call this a death from chloroform under careful use, but its careless abuse; a result that could not occur if common precautions are taken—such precautions as every physician is expected to use who administers any of the efficient drugs of the materia medica. Should a physician intending to administer hypodermically a few minims of Magendie's solution from a full syringe carelessly inject the entire contents under the skin, no one would attribute the blame to the morphia, but to the hand that worked the syringe. In this case life is sacrificed by carelessness in the use of a remedy known to be potent, and therefore one to be used with caution. A second cause of death may readily occur with the early administration of both ether and chloroform. In many cases the local action of the inhaled vapors so irritates the throat as to cause contraction in the tongue muscles and a closure of the laryngeal opening by the close approach of the arytenoid cartilages and the overlapping of the epiglotis. This condition evinced by sterterous breathing, change of countenance, discolora-

tion of face, impeded thoracic movements, and vain attempts at thoracic expansion. The patient is threatened with asphyxia by an involuntary but successful effort at partially swallowing his tongue. Should he be allowed to remain in this condition, death will as surely take place as one who is seized by the throat and fatally strangled. If the mouth be opened, tongue caught by the tongue-forceps and drawn forcibly outward, to one side, so as to elevate and advance the epiglotis, thereby re-establishing the laryngeal opening, a loud, senorous inspiration is immediately heard, air pours into the lungs, and the ominous cloud upon the face at once passes away. Should there be no tongue-forceps at hand, and the drawing out of the tongue be omitted, we would have, under these conditions, another glaring instance of death from maladministration of the anæsthetic. A surgeon who is not prepared to protect his patient from this accident, while inhaling an anæsthetic, would have as good a reason for escaping censure as he who, after an amputation, found that he had omitted to procure the instruments necessary for securing the arteries, and, hence, allowed the patient to die from hemorrhage.

'A third cause of danger in the inhalation of anæsthetics resides in the inexperience of the administrator or his inattention.

'I have already said that the physician who administers an anæsthetic has full occupation in the part assigned to him, and should not permit his attention to be diverted to the surgical work performed by another, and for which he is preparing the patient.

'I have seen instances in which the administrator of the anæsthetics, often a student of medicine, in his eagerness to follow the several steps of the operation, had become so oblivious to his responsible trust as to allow the thickly folded cloth to compress firmly both nose and mouth of the patient, who, with asphyxia imminent, was too insensible and powerless to push away the obstacle and escape the threatened suffocation. Had the patient a feather pillow pressed over the face he could not be more surely suffocated than by this thickly-folded towel. Many a time in doing surgical work have I pulled the cloth from the face to the immediate relief of the respiration. In opthalmic surgery, to which my work is now exclusively confined, this accident cannot occur as the face is constantly under my observation. Had the careless administrator been permitted to smother his patient we would have a death an-

nounced from chloroform, while a towel, which had never known chloroform, if applied in a similar way, would have done equally efficient work—another clear case of careless administration."

(*To be Continued.*)

Atropine as a Hæmostatic.

BY J. WELLINGTON BYERS, M. D., CHARLOTTE, N. C.

The great value of atropine in the various forms of shock is generally recognized while its hæmostatic properties in all forms of haemorrhage is not so well known. Atropine, by its power to stimulate both the primary and secondary vasomotor centers and at the same excite the cardio-innervating center, tends to increase the power and efficiency of the heart's action. By its power to stimulate the innervating impulses distributed to the muscular coats of the arteriales and heart, the volumetric capacity of the arterial system is expanded, and more completely filled with blood and in this way it is taken from the distended veins and the loss of blood is arrested. This change in the position of the bulk of the blood brings about lessened pressure in the veins and a clot forms, the vessel closes and the hæmorrhage ceases. As a hæmostatic in all kinds of hæmorrhage when the bleeding is of a passive nature it is almost a specific. In epistaxis it is invaluable, if not a specific, in doses of one hundred to a fiftieth a grain given hypodemically as often as every twenty minutes until the blood is completely stayed. Dmitrieff reports the successful management of two cases of metorrhagia by atropine.

In one case the hæmorrhage persisted in despite the employment of the usual remedies, including the tampon, but ceased after the injection of one twenty-fourth of a grain of atropine. The second case was that of an aneamic woman, who became syncopal and cold from the loss of blood. The first injection was followed by improvement and the third by the cessation of the bleeding.

Atropine in hæmorrhage has proven in my hands to be the best possible remedy. It is free from danger, acts immediately and can be used conveniently from the fact that most hypodermic cases contain the remedy. A trial will convince one of its great value.

Intermediate Examination, on Diseases of Women.

Held by Prof. J. W. LONG, at the Medical College of Virginia, Richmond, Dec. 20, 1893; and Answered by CHAS. R. ROBBINS, of Richmond.

I. What operation would you perform for lacerated perineum? Describe it. When is it indicated?

As being the one most important to know, as it is the most frequently needed, I will describe the operation for recent incomplete laceration. After stopping any hemorrhage that may exist, by means of hot water, avoiding the use of ligatures, if possible, the surface of the wound and the vagina should be thoroughly cleansed by means of a bichloride solution of about 1:3000.

A perfectly sterilized suture should then be passed from the highest point of the cutaneous surface on one side of the tear, through the muscular tissue, up the vagina beyond the point of laceration, then back on the other side in the same manner, appearing on the cutaneous surface opposite the point of entrance on the other side of the tear.

This is called the buried cutaneous suture and does not appear at any point in the laceration or on the mucous surface of the vagina. Silver wire, silk, but preferably silk worm gut can be used, although any suture that can be rendered perfectly aseptic will answer the purpose. One, two, or three more sutures are then introduced after the same manner, below the first as indicated by the length of the tear.

Sometimes the first suture is all that is needed, and it should be always introduced as above and tied, because it in case the operation cannot be carried any further, will often be sufficient, and it also prevents any blood or lochia running into the wound and forming a clot or setting up irritation.

The sutures are all tied, the woman washed, and an antiseptic pad applied with a T bandage, and her legs tied together to prevent any strain being made on the wound.

In performing this operation it is generally necessary to give an anæsthetic, but cocaine may sometimes be used locally, while in other cases the parts may be so benumbed by parturition that nothing is required.

She should be brought with her hips to the edge of the bed, put in a dorsal position, and her thighs strongly flexed on her abdo-

men. If the sphincter ani is torn and the laceration is complete, a suture is introduced as described above, but in such a manner as to embrace the sphincter ani and appearing only on the cutaneous surface. Another sustaing suture is then added.

The buried cutaneous suture operation is the one described.

It is indidated in recent cases, which when incomplete do not require that the sphinctea ani should be sutured, but if complete the sutures are introduced as described above.

II. What kind of epithelium covers the vaginal mucosa ? What is the reaction of the vaginal secretions ?

Stratified squamous epithelium covers the vaginal mucosa, and the reaction of the secretions is *acid.*

III. What kind af epithelium covers the uterine mucosa? What is the reaction of the uterine secretions ?

A single layer of columnæ ciliated epithelium covers the uterine mucosa and the reaction of the secretions is alkaline.

IV. What is the pathology of uterine polypoids ?

In uterine polypoids the glandular and inter-glandular tissues are both increased, which results in the mucous membrane being thrown into folds or nigæ. These are studded by cysts, caused by the ducts of the glands being closed and their secretions retained.

V. What are the essential steps in the operation for vescico-vaginal fistula ? Decribe them.

There were three difficulties that Sims overcame that had previous to his time prevented the success of the operation.

1st. He succeeded in properly exposing the parts by means of his specula; 2d, he used sutures that would not inflame the tissues, silver wire; 3d, he succeeded in disposing of the urine by means of a permanent catheter.

These are all essential to the proper performance of the operation.

The essential steps of the operation are as follows :

1st step. Paring the edges. A pair of tissue forceps curved at their extremity, are the best to use. A portion of the tissue at the edge of the fistula is then caught up with the forceps and snipped off with curved scissors. This is proceeded with until the edges of the whole fistula are pared. Care should be taken to to cut away any of the vescical mucous membrane. When the

paring is finished it represents a cone shaped space with its base toward the vagina.

Second step. Introducing the sutures. They should be introduced from the vaginal mucous membrane, and emerge at the juncture of the raw surface with the vescical mucous membrane, then over to the other side and out opposite the point of entrance.

The sutures should be perfectly aseptic, and be introduced about one-sixteenth of an inch apart. Silver wire is probably the best suture, although others may be used.

Third step. Securing the sutures. They should be tied, and if there is any strain, sustaining sutures should be introduced that will take up a larger amount of tissue and prevent tension. The vagina should be packed with gauze to catch any secretions and to prevent friction if wire is used.

The permanent catheter should then be introduced and removed every two days or oftener if indicated. By removing the urine thus as soon as formed, tension on the wound is prevented.

VI. Differential diagnosis of gonorrhœal vaginitis? Its treatment?

Differential diagnosis.

It is acute and very painful.

It is attended by a profuse purulent discharge of an exceedingly bad odor and greenish yellow color.

These symptoms are very pointed if they come on suddenly without a previous history of leucorrhœa.

If she is married the disease is communicated to her husband, although non-specific vaginitis may infect him also.

If she has purulent opthalmia, or gives it to her children, it points strongly to this, although this may likewise come from non-specific vaginitis.

Her micturition will be painful and the urine scalding, and if the urethra and bladder are attacked she will have violent tenesmus.

An almost diagnostic point is the involment of both the urethra and vulvo-vaginal glands. This is said to be a sure sign of gonorrhœal infection.

Treatment.—Hot sitz baths, with salt water, using a vaginal bath speculum, or hot vaginal douches of an antiseptic, bichloride 1.5000 being best, should be practiced about four or five times daily

until the acute symptoms subside. Then applications of chloride of zinc should be made to the vagina, or probably a solution of nitrate of silver is best, used in the strength indicated by the severity of the attack, which may be 10, 20, 40 or 60 grains to the ounce of water.

Other antiseptics, carbolic acid, creolin, etc., may be used if preferred, or the dry treatment, which consists in the application of boric acid, calomel, etc., to the surface on pledgets of cotton, allowing them to remain.

When this last treatment is adopted the vagina should be flushed out occasionally.

The objects to be attained in any treatment are perfect cleanli ness and antisepsis. Rest is also an important factor.

The bowels should not be overlooked, being kept freely open, and the general health should be carefully looked after, giving suitable tonics, as the system is always more or less affected. Other remedies may be used than those mentioned, but the above treatment will generally cure, and this *line of treatment* should be the one followed.

The Physician in Relation to Courts of Justice.

Report of the Chairman of Section on State and Legal Medicine.

By S. J. Montague, M. D., Winston, N. C.

Read before the Medical Society of North Carolina, Raleigh, May 9th, 1893.

In looking for a subject of interest in the department of State and Legal Medicine, I find two living and ever present conditions confronting us—matters which affect and should interest every physician in the State, whether he practice in the largest city or in the most remote country district, whether he keep up with the latest information and fashions of practice, or be content to practice as he graduated, he should, for his own comfort and well being, and the honor and dignity of his profession, know something of his duties and privileges in a court of law. My reason for bringing these matters before the Society is that in certain instances the duties are so ill-defined by practice, and the privileges are so few,

that I wish the earnest consideration and discussion of the conditions and expression of opinions in regard thereto.

The first condition to which I would call your attention is that in this State a communication, even of the most sacred and private nature from patient to physician, is not privileged. Privileged communications are those which, on grounds of public policy, courts decline to receive for the reason that their admission would entail greater mischief than their rejection, because of some collateral evil to third persons or to society in general. Where lives the physician who has not had communications made to him by patients to enable him to enable him to prescribe intelligently for them, who would not for any consideration disclose the communications. Yet, in the present state of the law, any one refusing on the witness stand to answer all questions, would be guilty of contempt of court and subject to fine and imprisonment at the discretion of the judge. I believe that there are not many members of this Society who would not prefer to suffer fine and imprisonment rather than stand before the community properly dishonored for disclosing confidential communications and exposing their patients to shame and to be the jest of the vulgar crowd. The idea very generally prevails that we have this needed protection at common law, the same as is enjoyed by attorneys; indeed, two well-informed lawyers told me that this was the law, so reasonable and just did it appear. Lawyers have enjoyed this immunity from time immemorial, but physicians, spiritual advisers and others have it only by special statute. The Roman law protected physicians against disclosure of confidential communications, and in France it is a crime for a physician to divulge them. Many States of our country have enacted statutes making confidential communications privileged, and, so far as I know, the enacting of these statutes, so necessary for the good of society, has not been resisted. The statute of New York is in these words: "No person duly authorized to practice physic and surgery shall be allowed to disclose any information which he may have acquired in attending any patient in a professional character, and which information was necessary to enable him to prescribe for such patient as a physician or to do any act for him as a surgeon." This, with slight modifications, has been enacted in the following States and Territories: New York, Arizona, Arkansas, California, Idaho, Indiana, Iowa, Kan-

sas, Missouri, Montana, Nebraska, Nevada, Ohio, Oregon, Utah, Washington, Wisconsin, Wyoming, Colorado, Michegan and Minnesota.

I find from "Greenleaf on Evidence" that the statutes of nearly all these States limit the privilege to such persons practicing physic and surgery as are duly authorized and licensed, thus very properly making a difference between regularly qualified physicians and irregulars, quacks and such like. It is held that these statutes extend protection also to personal representatives of deceased persons: "The purpose of the laws would be thwarted and the policy intended to be promoted thereby would be defeated if death removed the seal of secrecy from the communications and disclo sures which a patient should make to his physician."

Consulting physicians and partners in the same office or practicing together in the same case, enjoy immunity under these statutes. Without the protection of a statute let us see how it would be with a physician called to see a woman bleeding to death after a criminal abortion, and what physician of much experience who has not had such cases? The patient, with danger of death impending, if the condition be not self-evident, makes a clean breast of the trouble to enable the physician to treat her to the best advantage, which having done, no matter in what way the case terminates, his next obligation is to report a crime to the prosecuting attorney or coroner, as the case may be, failing in which, he renders himself liable to prosecution for misprision of felony—concealing a crime. Who can contemplate with equanimity the physician, having finished his professional work, now putting on the character of an informer, and leaving his patient in a worse condition than when she called him? Aside from the code of ethics, founded on the golden rule, and which must govern as long as honor abides with physicians, no one who would do this mean act could live in a decent neighborhood. What, then, must be done? I feel there will be no doubt in any reasonable man's mind as to the course to pursue. Duty, humanity and innumerable well-made precedents say relieve your patient and hold fast against the world her confidences, but demand, for the sake of humanity, and not as a personal privilege, for the physician does not need it, that this common law injustice be superseded, as early as practicable, by the enactment of a prohibitive statute with proper penalties.

Having discussed what a physician may not be allowed to disclose, it is now in order to discuss what he may say and the manner of giving testimony. As it is harder to open the mouth in wisdom than to keep silence, so this subject is more difficult than the preceding. Probably at no time does the average, conscientious physician appear at more disadvantage, and oftentimes have himself unjustly lowered in the eyes of the community than when on the witness-stand, exposed to the cross-examination of opposing counsel. From the nature of his calling the ordinary doctor is not prepared to stand the ordeal of the witness-stand. Unused to controversy, rarely meeting his fellows even, in friendly discussion, and accustomed to giving arbitrary orders and being obeyed without question, he gets little or none of the friction so necessary to enable him to stand with quiet ease the onslaught of counsel whose reputation and the life of whose client may depend on the doctor's discomfiture. It not infrequently happens that physicians of ability fail to acquit themselves in court to their satisfaction, while quacks, from the nature of their business, trained to withstand attacks and criticism, often leave on the unprofessional mind a good impression.

As physicians may be and are called to give evidence in court the same as other people, it is only intended to consider them here in the character of experts. Expert evidence is defined as "that given by one expert and specially skilled in the subject to which it relates or is applicable, concerning information beyond the range of ordinary observation." From this definition it is evident that, while it might not be judicious or in good taste for all physicians to set themselves up as experts, yet all properly qualified doctors are liable to be called as witnesses in this character, and now commences the trouble and question which has vexed and harassed physicians, perplexed courts and confused juries, and no doubt has often brought discredit on expert testimony, both to the profession and to the laity. The need of some change in the manner of procuring and giving this testimony is recognized, but as yet no remedy is at hand. That expert evidence is necessary for the proper administration of justice is admitted, and it is apparent that, without the help of skilled scientists, the detection of some of the most insidious forms of murder would be difficult, if not impossible. It appears that much study and thought, at various

times, has been given to the matter of securing a better system than that which we have at present and which has been in vogue a long time, but whatever has been suggested is liable to abuses and dangers, as is the present system. Almost the first idea that occurs to most people thinking about this matter is the selection of the expert by the authorities connected with the case, who, it is assumed, would choose only the most competent, but granting the best of motives to the fairest-minded officer, it must be admitted that he is seldom competent to judge of expert qualifications, and it seems only just and fair to let parties to a trial have every chance possible, which they could not have if experts could only be chosen by the authorities, and especially is this true when it is considered how the authorities are constituted. So it seems that until a more perfect system is evolved or elaborated, we must continue to see and hear conflicting and distressing testimony of scientific experts. The trials recently in New York of Harris, a medical student, and Buchanan, a physician, both charged with and convicted of, murdering their wives with morphine, have brought the matter of expert medical testimony prominently before the world. In the case of Harris, it seems that the prosecution relied principally on the well known physiological effects of the drug, while in the case of Buchanan the reliance was mainly on the ascertained presence of morphine in the body, which was declared to be present by no less specialists than doctors Witthaus and Doremus. The defence then introduced Prof. Vaughn and Dr. Scheele, who testified and proved by actual illustrations before the court and jury, that color reactions identical with those found by the experts of the prosecution, could be produced from ptomaines resulting from the decomposition of animal matter, and consequently that the prosecution had not proven the existence in the body of the deceased of morphine. They also contended that only the actual isolation of crystals of morphia in a decomposing body would be sufficient evidence of its presence. The prosecution experts were, it seems, unhorsed, and had the color reactions for the proof of the presence of morphia been all, no doubt there would have been a failure of conviction. Dr. Sheele stated that these color tests used by the experts of the prosecution were not to be depended on, and were not now accepted by the most advanced Germans. This, however, is no new theory or statement, for certainly as

far back in 1878, in the trial of Chantrelle, in Edinburg, for poisoning with opium, objection was made to the expert testimony that no opium was found in the body of the deceased, which was admitted, but evidence of morphia was found by color tests on the stained sheets and in vomited matter, but no crystals were found. It was held then, and is held now, by the best writers on Medical Jurisprudence that the color reactions for the detection of morphine are more valuable than the slender prismatic crystals found under these circumstances which have no peculiar or definite form, and must be proved at last to be morphia, if they are, by these very color reactions. At this trial the prisoner, Chantrelle, was convicted and executed, the court regarding the objection to the color reaction test as frivolous, and setting it aside. See "Taylor's Medical Jurisprudence, Eleventh American Edition, 1892." The ptomaine theory had not then attained to any notice, nor is it now accorded the place it deserves in standard writings, if Prof. Vaughn's experments are well founded, which they seem to be, and at any rate the prominence and importance attached to them at recent trials, and other places demand that thorough investigation by competent chemists should be made and the claims either disproved or accepted and established. The contradictory evidence of scientific experts of international repute inevitably discredits such testimony, confuses medical men and imperatively calls for a revision of the analytic processes for the detection of organic poisons. No doubt the agitation of these matters will arouse the chemical talent of the profession, and before long definite and certain procedures to meet these cases will be established.

Probably the first case the average doctor will be called to give expert testimony in will be a coroner's inquest, and there is reason for believing that the dignity and importance of this legal proceeding is not sufficiently appreciated. It should, however, be borne in mind by the physician giving testimony at these inquests (it may be only in the presence of ignorance and oftentimes excited people) that his *words* are taken down, and he may be examined on the same at a higher court and in the presence of the most learned lawyers and physicians. If it is thought that a death has not been due to natural causes, the medical witness should refuse to give an opinion without an autopsy, and even then, when a sufficient cause of death is not found, as a conjectural opinion is liable to lead to

unpleasant responsibilities. It is thought best for medical witnesses not to quote standard writers, but to confine themselves to facts within their own knowledge and experience. Should he quote so-called authorities, the other side would be allowed to quote in rebuttal, and a controversy of books without end might be brought on. A judge can at his discretion rule out all medical books as evidence. Medicine being a progressive science, the authors of the best text-books are not recognized as authorities, except except by courtesy and common consent of the profession, as long as they serve best the purposes for which they were intended. Thus, what is good authority one day may not be the next, not having in the profession any corporate body to make and unmake standards. A physician, in giving evidence before a court, should not base his opinion as to the cause of a death on any one fact, unless that one be amply sufficient, but should take all of the known circumstances of the case into consideration—symptoms before death, chemical analysis, autopsic appearances, as well as the moral aspect. All these working in harmony to the same conclusion would form a good basis for an opinion as to the cause of death. As a matter of course, the expert is looked upon as more than an ordinary witness. More respect and consideration is his due and more responsibility attaches to him, consequently his demeanor should accord with this idea. Called to testify to the truth, to the best of his knowledge and ability, he should be well prepared on this subject in all its bearings, and refuse to be led into matters with which he is not perfectly familiar. It would seem that for witnesses occupying the dignified and responsible places of scientific experts intentional ex parte testimony would be out of place, and there is good reason to believe that when men are governed solely by the nobler instincts of human nature, desiring truly in trials to discover only the truth, that much of the reproach and perplexity of scientific expeet testimony will have vanished.

My object in presenting this subject to the Society is to draw attention to the unsatisfactory standing and discredited evidence of physicians in the courts, in the firm belief and hope that, once realized, the profession will be equal to the occasion, and that there will be a desire for reform promoted and a higher stand taken for the rights, the honor and the good name of a profession whose highest purpose is to benefit humanity.

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It has Gained a Wide Reputation. particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs It has also been employed with much success in various nervous and debilitating diseases.

Its Curative Power is largely attributable to its stimulant, tonic, and nutritive properties, by means of which the energy of the system is recruited.

Its Action is Prompt: it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and produces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

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The success of Fellow's Sprup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of these, **finds that no two of them are identical,** and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, **in the property o retaining the strychnine in solution,** and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. **Fellows.**"

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) can then be examined, and the genuineness—or otherwise—of the tents thereby proved.

Medical Letters may be addressed to

Mr. FELLOWS, 48 Vesey Street, New York.

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A MEDICAL BUILDING FOR PHYSICIANS OF NEW YORK CITY

There is a plan on foot for the erection of an improved office building in the central part of New York City for the exclusive use of physicians. It will have every facility and convenience for its tenants, such as telephones, telegraph office, a district messenger service, an agency for trained nurses, mail chutes, pneumatic tubes, steam heat, electric light, electric motor power, etc. The building is to be fire proof and furnished in the most attractive manner. This all sounds very nice, and it may be all right, but it seems to me that the present system now existing in New York City cannot be improved—that every physician's office be in his residence. Every part of New York City always seemed to be the centre. A physician who has his office in his residence will necessarily have an advantage over the physician who has his office distinct from his residence. A physician who is liable to be found at two places will always be found at the other place in cases of emergencies. A physician with his office in his residence can be with his family more, if he has one, and in damp, disagreeable days, unless compelled, he may not have to leave his office, whereas if his office is in a public building he is expected to be found there. The life of the general practitioner is different from that of any other profession. The lawyer may close his office at three and retire to his home to be undisturbed till nine the following day; the banker may do likewise, and so with a great many other professions, but the physician never knows at what moment his services will be needed, and especially at night and early in the morning, and for his office to be at his residence is not only a great convenience but a decided advantage. Every man to his own notion.

HARD TIMES.

There are no words more appropriate than the above just at the present time. The preachers are preaching about hard times; the lawyers are talking about hard times; and the doctors, if something don't take place, will soon practically illustrate them. Banks are closing their doors and merchants are "going to the wall," and even the saloons and cigar stands are hardly paying expenses. It seems while cotton is low, wages are cut and a general shrinkage of values, there seems really to be a diminution in the number of sick people. Perhaps there are as many sick now as at other times, but possibly the reason we do not hear from them is that they do not send for a physician as readily as they did in better times. They do not yield to every pain, but they take salts, castor oil, and dispense with the family doctor. A collector recently said it seemed that the people enjoyed telling him "that they had no money and did not know when they would have any." Surely a brighter day will soon dawn upon us. We do not mean any increase in disease, but, agreeing with the Medical Review, we devoutly hope and fervently pray that there soon may be a return of that willingness on the part of the public to be treated *lege artis*, and the ability to pay for it. As long as the present psychosis prevails among the legislators of our country, the "mania of procrastination," it is well to bear in mind that: *Solanum miseris socios habituesse malorum !*

TRUE, BUT UNJUST.

If a contributor to any of the medical journals of this country by chance mentions the name of a proprietary pharmaceutical product coming from an American laboratory, his writings are at once discredited, his honesty challenged, and his statements accepted with timidity—if at all. Some are ready to say that he is employed to boom a certain manufacturer's product at the expense of the publisher, and that he is imposing upon the credulity of his readers. While on the other hand one daily finds among the pages of our own medical journals original articles, translations and clippings relating to and extolling foreign pharmaceutical products that are not only *proprietary* but *patented*, and yet they are read in silence and in good faith; no complaint whatever is

made by the reader. This present state of things is not founded upon reason, and we are unable to account for such discrimination, but that it exists, no one can deny.

CHATTANOOGA MEDICAL COLLEGE.

The graduating exercises of this college took place at the opera house, on the evening of March 13th, '94. This is an excellent school of medicine, and we congratulate the students who were so fortunate to receive their diplomas from this college. It gives us a great deal of pleasure to note that Dr. J. R. Peace, the valedictorian, is a native of North Carolina, and to him we send our greetings and best wishes. The Daily Times has the following to say of Dr. Peace:

"Dr. Peace has a fine presence and an excellent delivery. His address was a gem of thought and rhetoric, and the young man deeply impressed every one within the sound of his voice. He is a native of North Carolina, and certainly last evening reflected great great credit upon the State of his nativity."

The honors were won by J. A. McCallum, J. M. Clark and A. B. Gilliland, all of Tennessee. The evening address was delivered by Dr. J. R. Rathmell.

This is one of the most successful institutions of its kind in the South, and we wish for it unlimited prosperity in the future.

THE DEATH OF DR. HENRY C. COOPER.

Every student who has attended the medical department of the University of the City of New York, within the past fifteen or twenty years, remembers Henry C. Cooper, and will regret to hear of his death. Dr. Cooper was a great favorite with the students; his general air, his manner of greeting you, his post-office system, and his office hours, will be vividly recollected by students when they read of his death.

The number of railway employees killed in the United States during the year ending June 30, '93, was 2,554, being less the number killed during the previous year. The largest number of casualties to employees resulted from coupling and uncoupling cars.

LIQUOR UTERANS.

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WE DESIRE to call the attention of Physicians to this preparation as a superior **UTERO-OVARIAN SEDATIVE AND ANODYNE.**

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Black Haw	55 Grains.
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DOSE:—One-Half to One Teaspoonful.

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Physicians who have directed special attention to the subject have commended Black Haw (Viburnum Prunifolium) for correcting Uterine irregularities; Blue Cohosh (Caulophyllum Thalictroides) for its peculiar value as a Uterine Nervine and its especial influence on the Uterus; Golden Seal (Hydrastis Canadensis) specially indicated for Uterine Catarrhal disorders, and Jamaica Dogwood (Piscidia Erythina) for its established value as an Anodyne-Sedative. To secure for the profession the benefit of the combined virtues of these drugs, we have prepared a palatable combination, as per above formula, under the name of **Liquor Uterans.** We are confident that it will be found a convenient, palatable and valuable remedial agent in the treatment of Amenorrhœa, Leucorrhœa, Dysmennorrhœa, and any irritability or irregularity of the Utero-Ovarian organs, as well as a safe and reasonably sure remedy in all cases of Hyperæmia of the female reproductive system, and frequently in cases of Anæmia of the organs.

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EDITORIAL BRIEFS.

Smallpox is said to be very prevalent in Chicago.

The name of the Pacific Medical Record has been changed to Medical Sentinel. This is a good journal.

There are 801 medical students in the medical department of the University of Pennsylvania. Nothing like being a doctor.

The fourth annual meeting of the Association of Military Surgeons of the United States will be held at Washington, D. C., May 1st, 2d and 3d, 1894.

Dr. M. E. G. Dyer, formerly of Ready Branch, N. C., has permanently located in Star, Mills county, Texas. We wish the doctor success in his new territory.

Dr. J. Allison Hodges, Professor of Anatomy in the University College of Medicine, Richmond, Va., has been elected also Professor of Diseases of the Nervous System.

We are sorry to learn that the Atlanta Polyclinic has disbanded. Atlanta is the Gate City of the South, and it seems it would be a good center for an institution of this kind.

The Forty-first Annual Meeting of the Medical Society of the State of North Carolina will be held in Greensboro, May 15th, 16th and 17th, 1894. The leader of debate has selected as the subject of discussion, Hydrotherapy.

Dr. J. J. Caldwell, Neurologist, and Expert in Medico-Legal Procedure, etc., of Baltimore, Md., has a very interesting and instructive article on "The Legal Responsibility of the Aged," in The Medical and Surgical Reporter, of March, 3d.

One journal says that the only thing necessary to cure somnambulism is to lay a strip of sheet metal by the side of the bed so that when the person puts his feet out of the bed they will rest upon the metal. There may be more sense in this simple remedy than one would at first suppose. It seems to fill the bill.

The Maryland Medical Journal says that some time ago Pennsylvania passed a law prohibiting any but registered pharmacists from compounding medicines. A physician in that State was

charged with breaking the law and at the trial was acquitted, the judge giving the opinion that such a law was unconstitutional and framed in the interest of the pharmacists.

The name "College of Physicians and Surgeons of Richmond, Va.," is no more, and in the future it is the University College of Medicine. This is simply a change in the name, and does not imply any newly-made or contemplated connection with any other university or college. This is the only institution in the South with the title of "University College of Medicine."

The advertisement of the Lobordine Chemical Co., of St. Louis, Mo., appears on another page of this issue. Their specialty—Labordine—is a scientific vegetable product, worthy in every respect of the confidence of the entire medical profession. It is composed of the active principles of Apium Graveolus and Camellia Thea. It is not a cold tar derivative, does not depress the heart, yet it is one of the finest antipyretics, analgesics and anodynes on the market. Send to them for free samples, and mention this journal.

Samuel E. Milliken, M. D., in the Internationol Journal of Surgery, gives the following conclusions in phimosis in children:

CONCLUSIONS.

1. Phimosis, if accompanied with any degree of balanitis, should be relieved, if possible, by breaking up the adhesions and stretching the prepuce.

2. The abraded surfaces should be coated with the subiodide of bismuth, so as to prevent recurrence.

3. If the above fail to relieve the condition, circumcision by removing the skin beyond the glans and slitting up the structures on the dorsal surface should be done, so as to prevent future contraction at the end, if the latter is not done.

4. Ether is preferable as an anæsthetic, as cocaine should not be used in cases under twelve years of age.

So greatly are the Paris hospitals over-crowded by consumptive patients that a separate hospital has been established for their benefit at Agincourt, by the municipal authorities of Paris.—*Pub. Opinion.*

DR. JULIUS FEHR'S

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Good in all affections of the Skin.

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Unlike other preparations of this class, it does not irritate the stomach but on the contrary, strengthens and improves digestion and causes an increase in the weight of the patient almost from the very start. Send for book giving an epitome of cases in practice. In order to protect the profession against the worthless imitations of dishonorable competitors who have represented that they could furnish the "*same thing*" in bulk under the same or a modification of the name—"Elixir Iodo Bromide of Calcium Compound"—we ask Physicians hereafter to see that their prescriptions are filled from bottles protected by our seal and label, We will send a full pint bottle as a sample, free of charge, to any Physician in the United States or Canada on receipt of fifty cents to pay expressage.

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IN CHRONIC CYSTITIS, FIRWEIN may be regarded as almost *a specific*. No class of ailments gives the Physician more annoyance than chronic bladder troubles, that persist, in spite of treatment, perhaps for years. If you will try it in a case of this kind you will be a friend of FIRWEIN for the rest of your life, and your patients will rise up and call you blessed.

IN NASAL, PHARYNGEAL AND LARYNGEAL CATARRH, FIRWEIN given internally and used topically by means of atomizer, vaporizer or inhaler, will give you satisfactory results. Try it.

DOSE. One to two teaspoonfuls 3 to 6 times daily. FOR SPRAYING—add one part of vaseline or petroleum oil, to three parts of Firwein. FOR PERSISTENT COUGHS—One dram Opii. Deod. to 4 ounces of Firwein.

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For some little time we have been expecting this work on Diseases of Children, and in our anticipation of a great book we have not been disappointed. We have recently received the American Text-Book of Surgery, the American Text-Book of the Theory and Practice of Medicine, the American Text-Book of Gynæcology and finally the American Text-Book of Diseases of Children, from that well-known publisher, W. B. Saunders, and with these five volumes, the great help and benefit they have been to us, we can not see how any physician can be without them.

These five volumes constitute nearly a medical library within themselves. In reading over the author's preface, he so fully accords with our views of this magnificent work that we give it:

"In the preparation of this volume the editor's object has not been to add unnecessarily to the number of encyclopædias already existing, but to present to the profession a working text-book which shall be closely limited to, while completely covering, the field of pediatrics.

"To make such a book useful to the practitioner, who must too often read as he runs, and to the student who of necessity is unable to devote his study hours to one branch of medical science, but must divide them between many general and special subjects, it seems essential that certain conditions should be closely adhered to. These are—first, careful condensation, without omission, that the whole subject may be embraced between the covers of one readily handled volume; second, limitation of the subject-matter to such practical points as etiology, symptomatology, diagnosis and treat-

come under the notice of those who work with, or study, the ills of childhood, such as diseases of the eye, the ear, the skin, the nose and throat, and the anus and rectum; circumcision, tracheotomy, intubation, vesical calculus, venereal disease and allied subjects. These conditions we have endeavored to fulfill.

"In conclusion, the editor desires to thank individually the collaborators he has been so fortunate in securing, and to tender them in advance, the greater share of whatever credit may attend the venture. His thanks are also due to Dr. Thompson S. Westcott for his most efficient assistance."

The book is most handsomely printed on clear paper and in plain type, and is the best contribution to the knowledge of Diseases of Children that has yet been handed out to the progressive and intelligent profession. The editor of this book is a man of distinction, and on account of his scholarly attainments and high position, will command the respect of, and hearing from, a large and intelligent audience. We commend his labors as having been conscientiously performed and as being entitled to an equally conscientious and patient reading. This treatise, beyond all others, is the one for the student and practitioner to purchase and adopt as his guide.

THE YEAR BOOK OF TREATMENT FOR 1894. A Critical Review for Practitioners of Medicine and Surgery. A Series of Contributions by Twenty Writers. Over 500 pages. Philadelphia: Lea Brothers & Co., 1893.

This is the tenth year of this valuable work, which comes to hand with unerring regularity. It would be difficult indeed to im-

agine a book more nearly suited to the every day needs of the medical practitioner or writer than this. The contributors to this volume are among the most prominent and well known writers and teachers of the day, and their articles and opinions will be appreciated by all who are fortunate and wise enough to secure them. To this volume two new articles have been added. The first of these, on medical diseases of children, which is very practical and up to date, is by Dr. Dawson Williams. His remarks on the artificial feeding of infants are well worthy of study and consideration. The second is on Bacteriology by Dr. William Hunter. The great progress of this, the youngest branch of the Science of Medicine in its relation to treatment is very ably considered by this experienced and prominent writer. It is the very book the busy practitioner needs. He can find any thing pertaining to any subject in a moment's time, and he may rest assured that it is the most modern and reliable views now accepted. It, year by year, keeps him apprised of important advances in all branches of medicine, and presents them in a well condensed and classified form. The editor is to be complimented, as well as congratulated, at and on the appearance of this the tenth edition of his really standard work. Typography and illustrations are respectively good and well selected. To sum up briefly, we can safely recommend the work to the classes to whom it is addressed as a good and safe work.

A Text-Book of Physiological Chemistry. By Olof Hammarsten, Professor of Medical and Physiological Chemistry in the University of Upsala. Authorized translation from the second Swedish edition, and from the author s enlarged and revised German edition. By John A. Mandel, Assistant to the Chair of Chemistry, etc., in the Bellvue Hospital Medical College, and in the College of the City of New York. First edition; first thousand. Octavo; cloth, pp. x--511, $4.00. New York: John Wiley & Sons, 53 East Tenth Street. 1893.

We are not over crowded with books of this character, in fact too few have been written on this subject, and students and the medical profession owe deep gratitude to the translator and enterprising publisher for this excellent work. It has been published in three languages, German, Swedish and the English language, thus showing that the work is truly scientific and valuable.

The subject of physiological chemistry is being and should be more and more advanced in this country, and we hope it will soon be obligatory in our medical schools.

The work is divided into fifteen chapters. Chapter I Introduction, II. The Protein Substances; III. The Animal Cell; IV. The

Blood; V. Chyle, Lymph, Transudations and Exudations; VI. The Liver; VII. The Digestion; VIII. Tissues of the Connective Substance; IX. Muscle; X. Brain and Nerves; XI. Organs of Generation; XII. Milk; XIII. The Skin and its Secretions; XIV. The Urine; XV. The Exchange of Material.

Each of these chapters are treated very fully and carefully. It is clearly seen that the work is well suited as a labratory book as it contains the best methods for the preparations, detection, and quantitative estimations of most of the substances found in the organism and in the excretions and secretions. The work contains something over five hundred pages, neatly printed, well bound and presents a very handsome and finished volume, and we hope the profession will show their appreciation to the publishers by giving it a warm reception, and the best way to do this is by immediate purchase.

THE PHYSICIAN'S WIFE, and the Things that Pertain to Her Life. By Ellen M. Firebaugh. With portrait of author and 44 photo-engravings of original sketches. In one Crown Octavo volume of 200 pages. Extra Cloth, $1.25 net. Special Limited Edition, first 500 copies, numbered, and printed in photo-gravure ink on extra-fine enameled paper; bound in Half-Leather and Vellum Cloth, $3.00 net. Philadelphia: The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street.

Every physician no doubt will remember how pleasing and interesting was the book on The Physician Himself by Cathells published only a short time ago. This work is a fit companion to it and the author alludes to the fact that Dr. Cathell does not mention the physicians wife in his classical volume. I have read this volume through from beginning to end with now and then a short interruption, and I heartily enjoyed it, as every other physician and his wife will do. It is an interesting bit of literature, replete with pathos, rich humor and fine sarcasm. The author's description of the doctor in general is capitol, how aggrevating he is when sick, his forgetfulness, what an autocrat he tries to be, appear too real to be in print. The doctor's wife is placed in a position that very few can fill, but when properly filled by the proper woman she is truly his helpmeet.

This book deserves the occupancy of every physician's library. Every physician should at once procure a copy for his wife, for they will both read it and enjoy it, and profit by the good common sense, the homely experiences and the hopeful hearty cheerful tone which pervades every page. The work is most pleasing to the

eye, the typographical part being especially fine. The illustrations are very good and striking, and some very amusing. I hope this work will be read by every physician and his wife.

APPRENTICES TO DESTINY. By LILY A. LONG, author of "A Squire of Low Degree." Merrill & Baker Pub., 74 Fifth Avenue, N. Y.

This is a book that does not easily classify under the conventional phrases of the critic. It is a novel, and a novel with a very delicate and perfect love-story running through it, but the features by which it exceeds the ordinary love-story will probably make the strongest impression upon the reader. Whether he likes it or not will depend to a large extent upon whether he likes his love-stories to be love-stories pure and simple, as young girls dream them, or whether he likes to take them as they come in life, woven in which a good deal of active and more or less related living. Miss Long does not provide romantic confectionery. Her heroes and heroines may lose their hearts beyond recovery, but they never lose their heads and their history is much more than a story of flirtations. She certainly does not write to advocate any 'ism'; one would be at a loss, after finishing this book, to name any specific 'purpose' for which it is responsible, unless it be the very wide one indicated by the lines chosen for the title page:

'He that feeds men serveth few;
He serves all who dares be true.'

But that there is purpose, though not a purpose, in the book, is made evident on every page. It is the purpose that animates every man and woman who takes life to be something more than a play of chance—the purpose of living well and worthily.

The scene opens in that capital of the middle west, Chicago, but soon shifts to a pretty little town which seems to be about a hundred miles away. Between these two the drama is played out. It is a story with a beginning, a middle and an end, and the interest grows steadily until the last page is turned. But the author has put her strength upon the characters rather than upon the plot. There are many characters and they maintain a consistency which attests their individual truthfulness. But it is a far cry from such realism as this to the realism that finds truth only in the unlovely side of human nature. There is truth in these pictures of natural, well-bred people, who differ materially from the western eccentrics supposed to be characteristic of life beyond the Alleghenies, but it

is a realism that is at one with good art and gentle tastes. Joyce Mabie, the heroine, is a young girl 'with a capacity for deep enthusiasm and strenuous ideals.' Brought under the influence of a socialistic idealist, she thinks she sees in his work for humanity the object which she requires to fill her own life. There are few more charming heroines in contemporary fiction than this starry-eyed young enthusiast, whose child-like sincerity saves her from the charge of presumption, who sets tasks for her lover like any damsel of old, with the difference that in this case the tasks are to prove his devotion to her ideals rather than to herself, and who at the end fails in her more ambitious plans only to learn a sweeter womanliness. Mention must be made here of the exquisite love-passages between Joyce and Paul Rodman. For delicacy and tender austerity, they are as beautiful as they are uncommon. and Paul's one love-letter deserves to rank as a model for future lovers.

The admirable restraint in handling which the author shows here is in fact characteristic of the entire book. There is no tension, nothing hysterical, but always a charming lightness of touch in dealing with even the most strenuous topics, and a mastery of technique which carries the reader from page to page with secure ease. An instance of this skill is shown in chapter 16, where the exigencies of the story require an account of a speech made by the humanitarian and reformer, Karl Bahrdt. Instead of reporting the speech, or even describing it, the author makes us see the whole scene as reflected in the mind of one of the characters present, who listens and feels the speaker's power and makes her own shrewd mental comments upon it all. It is admirably done.

The brightness of the conversation provokes some question. 'I never saw a landscape like that,' a critic once remarked to Turner, concerning one of his pictures, and the painter promptly retorted, 'Don't you wish you could?' So we wish very much that our acquaintances would talk as the people do in 'Apprentices to Destiny.' Sir Edwin Arnold says that nowadays, when everyone can write and write well, the only thing that remains to an author is his style. Miss Long's literary style possesses a charm which would make even a dull story good reading. It is like the essence of a vital, fascinating elusive personality.

The effect of the book as a whole is one of sweetness and strength and poise. Its chief people are people who take life

earnestly instead of carelessly (and in so doing, we may suppose, are apprentices to destiny), but the earnestness never tips the scale of sanity. The author is the exponent of a 'sweet reasonableness,' which premeates the whole book like sunshine, and leaves the reader at the end a little more serious, perhaps, but with a firmer faith in mankind's possibilities for good and with a warmer hope for their near fulfilment.

NONE SUCH? THERE WILL YET BE THOUSANDS. By EMORY J. HAYNES. Boston The North Publishing Co. 1893.

The author has made a most valuable contribution to current literature. The story has a romantic charm from its preface to its close. The old hackneyed themes which have passed under the critical eye of cultured writers is ignored, and a new subject is taken from one of the kaleidoscopic social conditions that is forcing itself to the front, and demanding an answer from the millionaires of the present generation. Philanthropists and patriots have seached in vain for a universal solvent to give surcease to the unrest and dissatisfaction growing out of the unequal distribution of wealth, an incident of our modern civilization. The multi-millionaires on the ene side and the army of worthy poor on the other seem to be at variance, and the author undertakes to bridge the chasm. He introduces to the reader a typical millionaire, bereft of wife and child, who, in his loneliness, is troubled with the question: "What shall I do with my colossal wealth? Woe is me. I must soon leave it." Scheming attorneys and fawning sycophants tempt him with new railroad projects and official honors. In his perplexities he resolves to use his vast wealth in helping thousands of poor young men, by putting them on their feet in a business way. Governor Randall at once selects young Horicon and puts him in charge of his vast estate. Dorothea Mayfield, a New England school teacher, becomes the lady in charge of his mansion, and the heroine of the story. In his loneliness he would have conferred upon the queenly Dorothea the right to inherit his vast possessions, but her heart had already been won by the poor but noble Horicon. Believing in the home as the bulwark of our social fabric, his vast property is given to this united pair on condition that it shall be used in helping other poor young men in starting in the world. The book exalts true nobility in humanity, encourages youthful hopes and ambitions, dignifies labor, and emphasizes the sacredness of the family.

A Daring Experiment, and Other Stories. By Lillie Deveraux Blake. 12mo. pp. 360. New York: Lovell, Coryell & Co. $1.00.

The very title of this book is attractive, and the work is no less interesting. It is a medium-size book, nicely printed and prettily covered. It contains many short stories, varying from those which culminate in a dark catastrophe to others which we leave with delight. They relate to American life in the neighborhood of the Hudson, and are told in a very clear and well directed manner.

Women Wage-Earners: Their Past, Their Present and Their Future. By Helen Campbell, with an introduction by Richard T. Ely, Ph. D., LL. D. Boston: Roberts Bros. 1893.

The importance of the subject with which the present work deals could not well be over-estimated. Our age may properly be called the Era of Woman, because everything which affects her receives consideration quite unknown in past centuries. This is well. The motive is two-fold: First, woman is valued as never before; and, second, it is perceived that the welfare of the other half of the human race depends more largely upon the position enjoyed by women than was previously understood. Miss Helen Campbell is the most indefatigable and doubtless the best informed of all the American students on the question of woman as a factor in the modern industrial system. Her present contribution to this subject is a useful addition to economic literature and to the practical discussion of a topic of current moment.

Some Passages in the Practice of Dr. Martha Scarborough. By Helen Campbell. Boston: Roberts Bros. 1893.

This is another of Helen Campbell's interesting little books. The part Dr. Martha Plays and the manner in which it is related by the author is very amusing and well done. The style is a good one and will be enjoyed by all who by chance read it.

A Cityless and Countryless World. An Outline of Practical and Co-operative Individualism. By Henry Olerich. 12 mo. pp. 447. Holstein, Iowa: Gilmore & Olerich.

Mr. Olerich's book is another contribution to the already very extensive library of Utopias. The author reviews the situation now existing. He pictures the countless men, women and children who are starving for want of sunshine, pure air and outdoor exercise; thousands of industrious persons being forced idlers, thousands paupers and tramps, etc. He then pictures an ideal society

in which development of mind and character have reached such a point as to make what he calls Co-operative Individualism suffice for everything, and in which all social and political institutions are done away with. The book is superbly printed on very fine paper. We commend it to our friends.

ROMANCE OF LOW LIFE AMONG PLANTS. Facts and Phenomena of Cryptogamic Vegetation. By M. C. COOKE. London: Society for Promoting Christian Knowledge. New York: E. & J. B. Young & Co. 1893. Pp. vii, 320. Price $1.60.

This work of about 375 pages treats of algar, fungi and lichens, together with ferns and their allies in a general way. It is most interestingly written, bearing a close resemblance to reading an interesting novel, thus showing how natural history, while scientifically and correctly treated, can be put up in a pleasurable form. The section on fungi, especially treating of all the curiosities of mushroom life, is most interesting. The book is very prettily bound, nicely printed, and is well worth the money for which it is sold.

THE NEAR AND HEAVENLY HORIZONS. By the Countess de Gasperin. 16 mo. pp 311. New York, A. D. F. Randolph & Co. $1.00

The general tone of the Countess de Gasperin's writing may be deduced from a quotation out of her introduction. "There is nothing here for Utilitarians, nothing for so-called Realists, for lovers of the dramatic, for acute connoissures; nothing, indeed, I believe, for any but me and those like me—dreamers, satisfied with little, whom a great poem scares, but a flower half opened, a holiday bee, a rustic outline, can throw into infinite reverie." In this book one find short sketches, given in a reflectively religious style, of pleasant life in Southern Europe, and in a few cases in Paris, portrayed in a very pathetic style. It contains 311 pages and might be called a collection of religious musings. It is very tastefully bound and neatly printed, and is very interesting reading.

CHANCES OF SUCCESS. Episodes and Observations in the Life of a Busy Man. By ERASTUS WINMAN, 12 mo. pp. 367. New York: The American News Company.

Mr. Erastus Winman is a man whase energy and great capacity have made him one of the most influential men of affairs of this generation. His influence and personal force has been felt in every part of the English speaking people. In reading this book one cannot but see half veiled hints of his own personality. His personality was something great. The chapters are short and

complete within themselves. There is probably no doubt but that Mr. Winman's knowledge of the business world is superior to that of any other man's, and his fund of human sympathy broad and unfailing. The book is full of interesting anecdotes, sound business maxims, broad and trenchant views upon economic and social questions, and the cheering optimism of a man and permits nothing to dishearten him.

GREEK LINES, AND OTHER ARCHITECTUAL ESSAYS, by HENRY OAN BRUNT. 12 mo. pp. 274. Boston: Houghton, Mifflin & Co. $1.58.

The author of this work has had a professional experience for more than thirty years, and his pages show that he is thorough in his work, that he possesses a high conception of architecture as an art. There is no profession more beautiful or more lucrative than that of a leading architect. The chapters in this book are partly historical and critical. The chapter on "The Royal Chateau of Blois," an example of architectural evidence in the history of civilization is well illustrated, and the chapters on the present state of architecture. Architecture and poetry, with many other chapters, are good and will interest others as well as architects. The book is very free from errors and is well gotten out.

THE NEW MINISTER, by KENNETH PAUL, 12 mo. cloth, 347 pages. New York: A. S. Barnes & Co., 1893. Price, $1.00.

After reading this book one can readily see that it naturally divides itself into two parts—one part dealing with religious beliefs, the other considers worldly matters, treatment of men and women. The former is very striking, while the latter is most interesting. The author certainly knows a great deal about the life of parishioners and pastors, and in utilizing his knowledge he has given us a book full of plain facts, happy hits and true portraits of certain phases of human character. It contains theology, physiology, psycology, whilosophy and legal knowledge. Father Gremaine is a fine bit of Catholic candor, and Dr. Dilwin matches him for strong sense and for friendly sympathy toward the perplexed Creytons. His description of Thos. Clayton, when brought before a board of inquisitors and stretched out on the rock of doctrine is fine. This book is certainly well worth reading either for its story, its satire, or its suggestiveness on subjects that occupy men's minds to no small extent in these days of spiritual and social unrest.

The book is published by A. S. Barnes & Co., and it shows skill in its make up.

THE BOOK OF THE FAIR. By HERBERT HOWE BANCROFT. The Bancroft Company, Publishers, Auditorium Building, Chicago.

It has been our pleasure to receive Parts I, II and III of the Book of the Fair. It is an elegant and appropriate souvenir of the Exposition. It is the most complete and perfect reproductions of the great display that has been made or that can be made within reasonable limits. It is given in a clear and condensed manner, and in perfect form. The 1,000 imperial folio pages which the work is to contain will be packed with all that is most interesting to read, and the best worth preserving. The illustrations are beautiful and of the highest art. It is useless for me to speak further of this great work. Without the fair there could be no book of the fair, which renders perpetual the benficial influence of the Exposition, the grand display would soon drop out of mind, and its influence become in a measure lost.

P. Blakeston, Son & Co., Publishers, of Philadelphia, have lately issued "An Anatomists Anomaly Blank," designed for the use of dissectors in recording any noteworthy anomaly that may be found, is a praise-worthy device of Dr- A. Hewson, of Philadelphia. The sheet has proper spaces for the student's name, the principal normal physical characteristics of the subject, and for Anomalies of each of the principal organs or classes of tissues, in proper order and sequence. The proper recording of the anatomic peculiarities occurring in the thousands of dissections made in the country would eventually result in interesting and valuable scientific lessons."

Reprints.

Liquor Sedans, Saw Palmetto, Damiana, Pichi, and Stylosanthes Elatior. Their Uses in Nervous Diseases—Their Medico-Legal Relation—Epilogue. By John J. Caldwell, Neurologist, of Baltimore, Md. Reprinted from Virginia Medical Monthly, January, 1894.

Reprinted from The Medical and Surgical Reporter, March 3, 1894. The Legal Responsibility of the Aged. J. J. Caldwell, M. D., Baltimore, Md.

The Cause and Cure of Malignancy. An important announcement to the medical profession. By Wm. Thornton, Boston, Mass., U. S. A.

The Fetichism of Antisepsis. By Wm. A. Hammond, M. D., Surgeon-General U. S. Army (retired). Reprint from American Medico-Surgical Bulletin, January 15, 1894.

Transactions of the Medical Society of the State of North Carolina. Fortieth annual meeting, held at Raleigh, N. C., May 9th, 10th and 11th, 1893. Wilmington, N. C., Jackson & Bell, Steam Power Presses. 1894.

Gold in Therapy. By E. A. Wood, M. D., Read before the Mississippi Valley Medical Association, at its nineteenth annual meeting. Published by E. M. Johnson & Co., 38 Platt St., N. Y. Extract from N. Y. Medical Journal, Oct. 14, 1893.

Seventh Annual Report (there was no Sixth Annual Report) of the Bureau of Labor Statistics of the State of North Carolina, for the Year 1893. B. R. Lacy, Commissioner. Raleigh: Josephus Daniels, State Printer. Presses of E. M. Uzell. 1894.

Tait's Perineal Flap Operation. By F. Byron Robinson, M. D., Professor of Gynecology in the Chicago Post Graduate School; Gynecologist to the Woman's Hospital, the Post Graduate Hospital, the Charity Hospital and the Columbia Dispensary. Reprinted from the Chicago Medical Recorder, August, 1893.

Critique of Microscopic Examination of Specimens Removed in Thirty-five Consecutive Laparotomies. [With one death.] By F. Byron Robbins, B. S., M. D., Chicago, Ill., Prof. Gynecology in Chicago Post-Graduate Medical School; Gynecologist to Woman's Hospital, to Charity Hospital, and to Post-Graduate Hospital.

A New Dynamometer for Use in Anthropometry. By J. H. Kellogg, M. D., Superintendent of the Sanitarium at Battle Creek, Mich., Member of the American Medical Association, Michigan State Medical Society, American Public Health Association, British and American Association for the Advancement of Science, American Microscopical Society, American Social Science Association, Mississippi Valley Medical Association, Societe d' Hygiene of France, British Gynecological Society, and of the International

Periodical Gynecological Congress. Reprited from "Modern Medicine." Modern Medicine Pub. Co., Battle Creek, Mich. 1894.

Announcement.

W. B. Saunders, Medical Publisher of Philadelphia, has in preparation Methods of Preventing and Correcting Deformities of the Bones and Joints. A Handbook of Practical Orthopedic Surgery. By H. Augustus Wilson, M. D., Professor of General and Orthopedic Surgery, Philadelphia Polyclinic; Clinical Professor of Orthopedic Surgery, Jefferson Medical College, Philadelphia, etc., etc. The aim of the author will be to provide a book of moderate size containing comprehensive details that will enable general practitioners to thoroughly understand the mechanical features of the many forms of congenital and acquired deformities of the bones and joints.

Such a book might well be called Orthopedic Therapeutics, as it will adopt as a basis the description, symptoms, signs, and diagnosis upon which to elaborate the appropriate details of treatment.

The mechanical functions that are impaired will be considered first as to prevention, as of primary importance, and following this will be described the methods of correction that have been proved practical by the author. Operative procedures will be considered from a mechanical standpoint as well as surgically. Prominence will be given to the mechanical requirements for braces and artificial limbs, etc., with description of the methods for constructing the simplest forms, whether made of plaster of Paris, felt, leather, paper, steel, or other materials, together with the methods of readjustment to suit the changes occurring during the progress of the case.

An important feature of the book will be the practical application of remedial gymnastics and movements in the prevention or recovery of lost mechanical functions of the muscles when they have produced or tend to produce bone or joint deformities.

A very large number of original illustrations will be used to make descriptions clearer. The elimination of theoretical matters still in doubt will make the book one of practical value to busy physicians, from whom such cases generally receive first attention, and by whom they may be successfully treated.

The W. T. Keener Company of Chicago announce the publica-

tion of "Gould's Illustrated Medical Dictionary," which has over 1,500 pages, and makes a compact quarto volume 10½ by 8 inches printed on fine paper, thin, yet strong and opaque, with a specially prepared finish that shows the illustrations to great advantage. Dr. Gould has endeavored to give the greatest amount of lexicographic encyclopedic knowledge possible within the limit of a single volume, so arranged as to furnish accurate, useful, concise information with the least time and trouble. It contains many thousand new words and definitions collected during the past decade of unparalleled scientific activity, including the old as well as the new spelling of certain words, as recommended by the American Association for the Advancement of Science, and other scientific bodies. This new spelling is rapidly being incorporated in scientific literature—specially is this true in regard to the new forms of certain words in chemistry. Biology, zoology, botany, chemistry, etc., being so closely allied to medicine, and their being no special dictionary devoted to this class of words, it was thought proper to include the terms belonging to them. In this department Dr. Gould has had the assistance of Dr. C S. Dolley, late of the Biological Department University Pennsylvania, and Dr. B. G. Wilder, professor of physiology in Cornell University. The pronunciation of each word is given in the simplest, most easily understood phonetic method. Illustrations have been profusely used where they would serve a direct purpose. No picture has been inserted simply to make the book attractive. They have been made from specially prepared drawings, or are fine wood engravings adapted from the works of others. Dr. Gould first adopted the plan of tabulating series of facts. In this volume he has introduced many new tables; for example, those of surgical operations, tumors, animal parasites, composition of electrical batteries, pigments, etc., besides the usual bacteriological, chemical, and anatomical tables. Many of these tables are illustrated, like those of tumors, parasites, muscles, bones, nerves, and arteries, the illustrations being so arranged as to invite comparison and furnish a maximum of information in a minimum of space. These will be very useful for study and reference, for in no text-book are facts thus classified. The work is bound in sheep, raised bands, or dark green leather, at $10 net, or in half real Russia, marbled edges, and thumb index, $12 net. Purchasers wishing to bind can obtain copies in sheets for $9.50 net.

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Theodore Billroth—A Short Character Sketch of Germany's Famous Surgeon.

The modern surgical amphitheatre of a great hospital is the arena where is fought the battle with death and disease, with pain, misfortune and deformity. An impressive spectacle it is; tier upon tier of benches rising sharply one above the other, a sea of intelligent faces watching eagerly or indifferently the busy scene below, the glistening instruments in their antiseptic bathes, the jars, basins and sponges, the assistants going swiftly and silently about their preparations, and in the center of all, the moving spirit, the nineteenth century gladiator, bare-armed and white-aproned, the operator himself.

BILLROTH'S CLINIC.

Perhaps the mose famous clinic in the world was the late Dr. Theodore Billroth's in the University of Vienna. To it came students from every civilized land to learn the methods and listen to the teachings of the great professor.

The discipline in his clinic was that of an army, the result, possibly, of his long military service. A martinet, of few words, cold in manner, though sympathetic and tender with his patients, he gave himself little concern as to details, exacting from every one of his ten assistants the perfect performance of the duties assigned to him, seldom troubling himself to bestow a word of praise, while a rebuke from him, usually crouched in the words, "But, Doctor," came to be considered almost a disgrace. In operating he was cool and almost cold blooded, swift, alert and dexterous. His methods were often unique, so much so his name occurs in modern works on surgery continually, perfecting or improving some operation. His greatest fame was reached in 1881, when he performed for the first time successfully excision of the pyloric end of the stomach for cancer. This achievement made his reputation world-wide, and easily placed him in a commanding position as a bold and successful operator. He soon came to be considered the first surgeon in Europe, and his clinic became renowned for the number and character of the operations performed by him.

Billroth cared little for money getting, the utmost difficulty often being encountered in persuading him to take charge of a case which gave no promise of interest or importance. As a con-

sultant he was in demand in every continental capital of Europe, from St. Petersburg to Rome, occasionally journeying as far as Western Asia or even Egypt to give the benefit of his vast knowledge and experience. Honors had as few temptations for him as pecuniary reward, though many were thrust upon him in the shape of decorations, Russian, Austrian, Turkish, German, Roumanian, and the Emperor Francis Joseph in recognition of his eminence made him a member of the Austrian legislature.

HIS PERSONALITY.

In personal appearance Billroth was a little above the medium height, with a broad, intellectual face half hidden by a thick, flowing beard, blue eyes, small but sharp and piercing, and shoulders bent from long years of study. He was not, strictly speaking, a great teacher. His sentences were terse, delivered without raising his voice, and interesting more from the subject matter contained in them than from any peculiar charm in their delivery. The respectful attention with which his lectures were received and the absolute silence which reigned while he was speaking, he commanded without an effort. His success lay chiefly with his more advanced students and with the doctors who were pursuing special courses under his guidance rather than with the beginners. His generosity and open handedness, aside from the personal fascination of the man and the glamour of his name, increased his popularity among both his assistants and students. It is said that he was in the habit of aiding the needy students whose pinched faces attracted his attention by throwing profitable work in their way. It is at least certain that the assistants profited largely by his unwillingness to undertake a case with little promise of interest. "Oh, go to Dr. So-and-so," he would say when pressed to treat such a patient.

EARLY LIFE.

Christian Albert Theodore Billroth was born April 26, 1829, at Bergen on the island of Ruge. His father was a Lutheran minister, and from his earliest youth both parents' efforts were directed toward guiding his steps into a professional career. His own inclinations, perhaps, would have led him to enter upon a life devoted to music, for which he showed very early a passionate fondness, but the remote possibility of the stage was enough to excite

the pastor's family to violent opposition, and in 1848 he began his studies at the University of Greifswald. From there he went first to Gottingen and afterwards to Berlin, where he received his degree of M. D. in 1852, on a thesis describing a pulmonary affection resulting from section of the vagus nerve. He decided to complete and round out his education by visits to other centres, and accordingly we find him journeying to Vienna and Paris. Shortly after he returned to Berlin, and became the assistant of von Langenbeck, the greatest German surgeon of his time.

Billroth began to fit himself for teaching, and in 1856 his labors were rewarded by the position of privat-docent in the university. Other opportunities presented themselves, notably at Zurich, where he was installed as full professor and chief of clinic. There he remained until 1867, since when he has occupied a similiar position in the famous Vienna University. His life in the Austrian capital was not unbroken, for the outbreak of the Franco-Prussian war recalled him to the Fatherland to assume charge of the military hospitals on the Rhine, at Weissenburg and Nannheim. After the siege of Paris and the close of the struggle he lost no time in returning to his chair at Vienna, where he continued until his death. His health had not been good for eight or nine years past, since an alarming attack of pneumonia, and he went to Abbazia, a well-known Austrian winter resort, to recruit his failing powers, where he died suddenly and peacefully on February 6, of debility due to heart trouble.

IN HIS VIENNA HOME.

A wife and three daughters, of whom only the second is married, survive him. The eldest daughter was the favorite, their friends remarking that the relation between them seemed more that of brother and sister than parent and child. They kept open house, entertained lavishly and made their home a salon where all the musical celebrities of Vienna, notably Brahms, Henschel and Saint-Saens, were accustomed to assemble. Billroth himself was an excellent pianist, though he seldom appeared as a performer. Still he was a charming host and an attentive listener and the concerts he gave attracted the best artists of the city. Brahms and the Doctor were fast friends, the composer often treating his friends to a first performance of his compositions in his house. This style of entertainment and the expensive mode of living prevented any

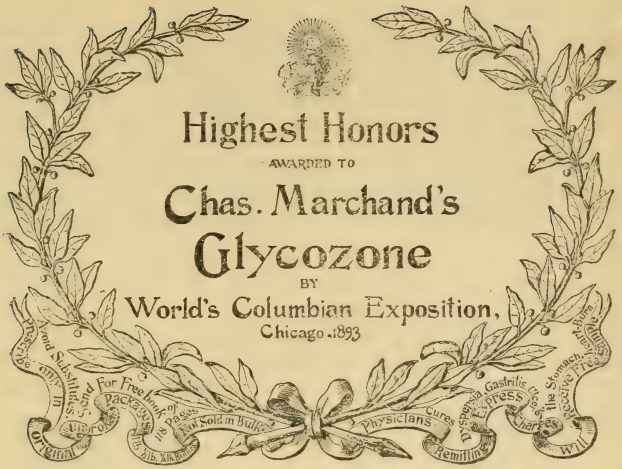
appreciable saving, so that when his illness awoke Dr. Billroth to a realizing sense of the possibility of his own death and the financial straits in which his family would be left, he determined on retrenchment and moved immediately into a flat, giving up his home and extravagance in living. Although so famous and so widely consulted, his practice was not large, owing to the peculiarities we have mentioned, and it is unlikely the change was made in time to permit him to accumulate even a competency.

HIS ACHIEVEMENTS.

Dr. Billroth entered upon the practice of his profession at a time when antiseptic surgery was in its infancy, when or before Lister made his great discoveries, and throughout his whole life much of the brilliancy of his success has been due to his championship of its principles. His early work was, in fact, more of the surgical pathologist than of the active operator, as can easily be seen from his numerous writings on bacteriological and pathological subjects. He was a prolific author, writing with the absolute ease that comes of a thorough knowledge of one's subject and long practice. It is said that he never hesitated, never waited for a reference. They were at his finger's end. One of the more widely quoted of his papers was his treatise on "Wound Fever;" but the volume which called forth most discussion and not a little unfavorable criticism was entitled "Teaching and Learning in German Schools." The work was translated into five or six European tongues, read and commented upon everywhere. In it he takes it upon himself to lay severe strictures on the Jews, and it was these anti-Semitic utterances (entirely foreign to his life and friendships) which brought down upon him the storm of indignation.

It is well to have lived, if, in dying, one's name is left inscribed where the sons of men may read and be incited to more arduous and better work. Billroth's pluck and daring won him first place among the surgeons of modern Germany, some say of the world. His name will always be identified with the advance of surgical science, with the alleviation of human misery, and is one to be written with that of Sims and of Lister.—*Review of Reviews.*

The truly great physician is one who never speaks ill of his medical brother. He is dead.—*Medical Record.*



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Trikresol—The Preparation of Cresols as a Disinfectant for Hygienic and Surgical Purposes.

By Dr. O. LIEBREICH (Therapeutische Monatshefte, January, 1894).

The advantages and disadvantages of carbolic acid are sufficiently well known to warrant the search for substances free from its poisonous properties, that still retain its utility. Those compounds in close chemical relationship to carbolic acid were the first investigated. The nearest homologues of carbolic acid are the cresols which are also obtained from coal tar, together with carbolic acid, and numerous other products. As represented by chemical formulæ, in which one hydrogen atom of carbolic acid is replaced by a methyl group, it is evident that there are three possible isomeric modifications of the cresols. Those three modifications of the cresols are all known, and are called respectively ortho-cresol, meta-cresol and para-cresol.

The preparation of these bodies in a pure state is an extremely difficult operation, the principal difficulty consisting in their separation from each other when mixed, as their boiling points are very close. Ortho-cresol boils at 188° C., meta-cresol at 201° C., and para-cresol at 198° C. It is indeed possible to prepare them individually by the action of nitrous acid upon the corresponding toluidines or from the toluene sulphonic acids, in the same manner as carbolic acid is prepared from analin, or for benzone sulphonic acid. Further ortho-cresol is obtained alone from camphor, meta-cresol from thymol, and para-cresol from the decomposition products of animal secretions. None of these methods are, however, sufficiently simple to admit of their economical application for the production of a medical product.

The preparation of the three mixed cresols in a state of chemical purity must therefore be regarded as a great advance in chemical technology. The choice of the name Trikresol for the mixture of the three pure chemical compound is extremely fortunate as compared with the hyperphantastic and irrevelant nomenclature usually indulged in.

In the crude carbolic acid, erroneously called 100 per cent. carbolic acid, the cresols are contained together with other bodies. The great disinfectant value of this product is undoubtedly due to its percentage of cresols. It has been attempted to bring this so-

called 100 per cent. carbolic acid into a condition of practical utility by the addition of resin soap as solvent. This preparation, known as creolin, yields a milky solution when mixed with water, but the lowered percentage of disinfectant ingredients, especially of cresols and the irritant qualities of the solution of resin soap have placed certain limits on the use of this preparation. Solvent is a solution of the same product in sodium cresotinate. The solvent possesses no great disinfectant properties, and the composition of this preparation is as liable to variation as the former.

Solutol has a similar character. Lycol is a solution of 100 per cent. carbolic acid in soap solution. All these preparations have found useful employment in medical practice, but their use must be considerably limited by variation in the percentage of cresols or by the presence of deleterious bye-products. These facts are apparent in the diverse results obtained with them by different experimenters.

The preparation of the cresols in a pure state demonstrates, however, that no special solvent is required to make an aqueous solution. The pure cresols dissolve alone to the extent of 2 to 2.5 per cent. in water at ordinary temperature, and a ½ per cent. solution suffices as a rule for external application, although the strength can be increased to 2 per cent. as occasion arises. The cresols are indeed only insoluble when contaminated with other liquid or solid hydro-carbons, as is the case in the so-called 100 per cent. carbolic acid. According to the interesting experiments of Grubner, a 1 per cent. aqueous solution of the cresols answers to all surgical requirements. This new product is therefore an important discovery, because it is now possible for medical men to prescribe Trikresol in a series of preparations of constant composition, which were formerly only obtainable as specialties under various names and of uncertain composition.

Lately doctors figure in the daily press as principals in crimes of divers sorts, with an uncomfortable frequency for the peace of mind of such as hold the facuity in high esteem. Dr. J. B. Hinkle, of Americus, Ga., for many years Speaker Crisp's family physician, has lately been found guilty of murdering a professional rival, Dr. Worsham. The Doctor's son was with him and aided in the killing, and will soon be placed on trial for the same offense. —*Ex.*

Report of a Case of Multiple Neuritis.

Was called upon November 8, '93, to see Stephen K., aged 53, and extracted the following history: Was a carpenter, and followed that trade until several years ago, when he lost his left arm at the shoulder joint, since which he has been unable to work at his trade; present occupation, supplying large buildings with towels, etc. Never had syphilis or any venereal trouble and was perfectly well until about nine months since, when he began to notice considerable gastric disturbance, languor, and unusual weakness in the limbs; had consulted ten or twelve different physicians at different times for the gastric trouble, without obtaining anything but temporary relief, and had been confined to his bed at intervals, when in October, 1893, he took to his bed for good.

At the time I first saw him he was suffering from circumscribed anæsthesia of the lower extremities and of the right arm, with a considerable degree of muscular paresis. He complained of intense shooting pains at the nape of the neck, extending down to the fingers, and also of tearing pains and burning in the lower extremities; the knee jerk was absent, was in a state of lethargy; had no ambition even to turn over in bed; no desire for food, and his digestive apparatus was in a very weakened condition; he suffered much from insomnia (possibly due to the pains), vision very much disturbed, left pupil being dilated; also hearing was affected. I made the diagnosis of multiple neuritis, and put him on Calisaya, Iron and Strychnia, using Morphia for the relief of the pain. The morphia so deranged his stomach and produced so much nerve depression that it was with difficulty he retained any nutrition except small quantities of Kumyss and Matzoon, ordered hot water sponging and rubbing with a good strong liniment. Still the intense pains were present unless Morphia was given. Also tried Phenacetine and Sulphonal without avail.

Sometime in December, 1892, my attention was called to a drug called *Gurania*, manufactured by The Yale Chemical Co., of Chicago, as being an excellent analgesic, and without hoping for any success from this, I decided to give it a trial. Administered it to him in from 10 to 15 grain doses twice at night and twice in the morning, an hour apart. After a few days of this treatment the result was so apparent and encouraging that I dropped the morphia

entirely and kept him on the Gurania, Calisaya, Iron and Strychnia, together with sponging and friction. The pains gradually became less intense, then were absent during the entire day, recurring towards evening, and on January 16, '94, he was entirely free from pain, had slept well for three nights previously, and could retain an abundance of light nutrition. He has taken only a few doses since that time and has had no return of the pain. I have seen him about once every week since, and at this time he says he has not felt so well for some years. He has recovered almost entirely from the muscular paresis, but there is still some disturbance of vision, for which I have induced him to consult an oculist.

In this case it is evident than an analgesic was essential, and in view of the extreme gastric irritability, one that would not derange the alimentary secretions and cause depression. For these reasons and many others I believe that we have in Gurania a drug that will eventually supercede opium and its alkaloids and many of the numerous coal tar analgesics which have been brought to the notice of the profession during the past five or six years.

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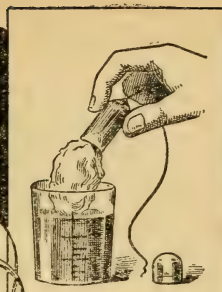

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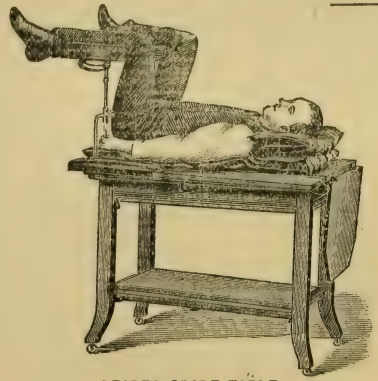

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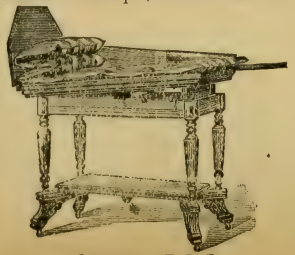

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By William S. Gottheil, M. D., Physician to Lebanon Hospital, New York, N. Y.

In the treatment of tuberculosis and tubercular diseases, creosote and its combinations stand pre-eminent. The classical experiments of Burlureax, Sommerbrodt, Bouchard and others have proved its immense value beyond per-adventure.

From the start, however, the experimenters were confronted with one great practical difficulty—creosote is irritating, even in small doses; and very large doses were found necessary if the desired effect was to be obtained.

The stomach soon rebelled against half-ounce doses. The rectum bore creosote injections for a short time, and then refused further service. Hypodermatic injections were resorted to, with indubitably good results, but its technique was so complicated as to almost place it outside the range of practical therapeutics; at all events in private practice.

The oily solution of creosote must be introduced with extreme slowness into the subcutaneous connective tissue; and the automatic injector and two hours of time is required for the injection of 50 to 75 grains of creosote.

Thus we were in the unfortunate position of seeing our patients improve up to a certain point, and in need of more of the remedy, and yet unable to take it.

Luckily chemistry has come to our aid, and has given us combinations of creosote that are less irritating than the drug itself, and just as effective upon the disease process.

There are several such combinations now at our disposal, but the only one with which I have had experience is the carbonate of creosote. This combination was discovered in 1891 in the Von Heyden Laboratory at Radebeul.

Cresote carbonate is a syrupy, golden liquid, more or less thick in accordance with its temperature. It tastes and smells but very slightly, indeed, of creosote; yet it contains 92 per cent. of that drug.

So little repugnance do patients show to its taste that they take it like cod-liver oil, by the spoonful. I have not found it necessary, as recommended by Chaumier, Triaire and others, to put it in capsules, or administer it is the form of an emulsion.

Creosote carbonate is largely eliminated by the kidneys; it can always be found in large quantities in the urine whilst it is being administered. But some of it passes off by the lungs, and its odor is perceptible in the breath.

In none of the few cases in which I used the drug in large doses was there nausea or vomiting or any trouble with the stomach or intestines. In every case there was improvement of the appetite and strength, diminution of the cough, and increase of the body weight.

CASE I.—K. M. Aet. 30. Single.

The patient has been under treatment and close observation for a long time, being of a weak aud sickly disposition. Without there being anything positively wrong with any of the internal organs, the patient has been anaemic and delicate, and has suffered several times each year from violent attacks of gastric catarrh, some of which have confined her for weeks to her bed. Last winter her persistent ill-health and progressive emaciation led her to make a careful physical examination again. It revealed moderate consolidation at both apices.

The condition of the patient's stomach was such as to make treatment a matter of difficulty. All the ordinary expectorants, terebene and creosote in various forms proved too irritating. They all had to be stopped in a day or so, on account of the gastric intolerance. Anorexia, nausea and vomiting, and diarrhea, were at once set up.

During the spring and summer the general nutrition improved, but the paroxysmal cough was extremely troublesome. Several attacks would occur in twenty-four hours; and a single attack often lasted, according to the patient's statement, more than half an hour. Recourse was finally had to morphine, as about the only thing that would affect the cough; with all its disadvantages, it had to be employed—and the patient was kept fairly comfortable.

In November, '93, my attention was first called to the creosote carbonate of Von Heyden. I was at first sceptical as to its advantages over other forms of creosote, which, as I have said, had been unsuccessfully tried. Nevertheless, in despair at the growing inefficacy of the morphine in the small doses in which alone I felt free to use it, and at the renewed beginning emaciation and gastric troubles of the patient, I put her on the new preparation in the

dose of half a drachm three times a day, taken plain. At the same time the sedative cough mixture was stopped, and all other treatment suspended.

When I saw the patient two weeks later, she was enthusiastic in her praise of the creosote carbonate. It had not affected her stomach at all; in fact, she had less nausea and more appetite than for months past. As regards its effect on the cough paroxysms, she says that it is far superior to her old (morphine) mixture. The spells have been remarkably few, and of short duration. The evening dose almost always keeps her quiet during the night.

I saw the patient at intervals during the next two months, and the good effect of the creosote still continues. She coughs still—but less often and less long and less severely than she has for many months. Her appetite is fair; nausea has hardly been present at all. But best and most important of all, she has gained three pounds in weight; and this during the winter season, during which, in previous years, she had steadily and continuously lost ground.

She is still taking the creosote carbonate, and I propose to keep her on it throughout the entire spring.

CASE II.—This was a young married woman, aged about 33. and the mother of two children. Of spare build and nervous temperment, her family history is such as to render anything of the nature of a chronic bronchial or pulmonary affection occurring in her a source of great anxiety to her medical attendant. Her mother died of some unknown lung trouble; two sisters have died of consumption, and a third is in delicate health, and, though I have never seen her, the description of her case leads me to suspect the existence of chronic pulmonary disease.

When, therefore, she came to me this winter with a history of general malaise, want of strength and ambition, loss of appetite and flesh, together with a persistent cough, I naturally regarded the case as a serious one. Examination revealed marked emaciation, and the patient admitted having lost at least seven pounds since last summer. Cogwheel breathing and moist rales were present at both apices, and were very audible both back and front.

I explained to her the gravity of her condition in view of the probable hereditary weakness of her pulmonary organs. Besides regimen, clothing, bath, etc., I used but one drug—the creosote

carbonate of Von Heyden, and that she has been taking steadily from that time to this.

Its effect has been all that could be desired. The cough has diminished, and the apex catarrh has almost gone. Her general condition has improved so markedly that all her friends have remarked it. The tiredness, malaise and inability to work have gradually lessened. Sleep is better, since no longer disturbed by the cough. There has been a slow but certain increase of weight, amounting to a little less than half a pound a week. She is at this moment in about the same condition that she was last winter.

CASE III.—The last case is one of a man of 44 years of age, a chronic sufferer from catarrhal pharyngo-laryngitis. He was sick all last summer, though not under my care. I am unable to make out the exact nature of his former illness; but it was marked by coughing, slight expectoration, general weakness and loss of weight. No history of fever, night sweats, etc.

Examination reveals considerable emaciation, and the patient admits having lost 10 pounds during the summer. His former weight was 150; now it is less than 140. Pulse, 97; respiration, 20; temperature (oral), 99½. There is marked dullness at the right apex, with retraction and bronchial breathing. A few moist rales.

Treatment was not very effectual until he was taking creosote carbonate in three drachm doses daily. His weight slowly increased; his coughing spells became less severe. At the present time he has been taking creosote carbonate for about one month.

The result in this case has not been as marked as in the other two; but the patient has improved. His weight now is 143 and, whilst the physical signs are practicably unaltered, his general condition is better.

The uniformity of these results is proof conclusive to my mind of the absolutely non-irritating nature of the creosote carbonate of Von Heyden. In Cases I and II the patients themselves realized, and in a very short time, the benefit that they were deriving from the creosote carbonate, and they would not have permitted me to make any change in the treatment. Case I was one of marked gastro-intestinal weakness, and here the creosote achieved its greatest triumph.—*Times and Register.*

The bladder should be full of water when sounding it for stone.

THE BEST ANTISEPTIC

FOR BOTH INTERNAL AND EXTERNAL USE.

LISTERINE.

Non-Toxic, Non-Irritant, Non-Escharotic—Absolutely Safe, Agreeable and Convenient.

FORMULA.—LISTERINE is the essential antiseptic constituent of Thyme, Eucalyptus, Baptisia, Gaultheria and Mentha Arvensis, in combination. Each fluid drachm also contains two grains of refined and purified Benzo-boracic Acid.
DOSE.—Internally: One teaspoonful three or more times a day (as indicated), either full strength, or diluted, as necessary for varied conditions.

LISTERINE is a well-proven antiseptic agent—an antizymotic—especially useful in the management of catarrhal conditions of the mucous membrane, adapted to internal use and to make and maintain surgical cleanliness—asepsis—in the treatment of all parts of the human body, whether by spray, injection, irrigation, atomization, inhalation, or simple local application, and therefore characterized by its particular adaptability to the field of

PREVENTIVE MEDICINE—INDIVIDUAL PROPHYLAXIS.

LISTERINE destroys promptly all odors emanating from diseased gums and teeth, and will be found of great value when taken internally, in teaspoonful doses, to control the fermentative eructations of dyspepsia, and to disinfect the mouth, throat and stomach. It is a perfect tooth and mouth wash,

INDISPENSABLE FOR THE DENTAL TOILET.

DISEASES OF THE URIC ACID DIATHESIS.

LAMBERT'S LITHIATED HYDRANGEA.

RENAL ALTERATIVE—ANTI-LITHIC.

FORMULA.—Each fluid drachm of "LITHIATED HYDRANGEA" represents thirty grains FRESH HYDRANGEA and three grains of CHEMICALLY PURE Benzo-Salicylate of Lithia. Prepared by our improved process of osmosis, it is INVARIABLY of DEFINITE and UNIFORM therapeutic strength, and hence can be depended upon in clinical practice.
DOSE.—One or two teaspoonfuls four times a day (preferably between meals.)

Close clinical observation has caused Lambert's Lithiated Hydrangea to be regarded by physicians generally as a very valuable Kidney Alterative and Anti-lithic agent in the treatment of

Urinary Calculus, Gout, Rheumatism, Cystitis, Diabetes, Hæmaturia, Bright's Disease, Albuminuria, and Vesical Irritations Generally.

REALIZING that in many of the diseases in which LAMBERT'S LITHIATED HYDRANGEA has been found to possess great therapeutic value, it is of the highest importance that suitable diet be employed, we have had prepared for the convenience of physicians

DIETETIC NOTES,

suggesting the articles of food to be allowed or prohibited in several of these diseases. A book of these Dietetic Notes, each note perforated and convenient for the physician to detach and distribute to patients, supplied upon request, together with literature fully descriptive of LISTERINE AND LAMBERT'S LITHIATED HYDRANGEA.

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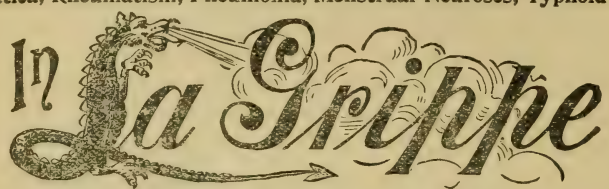
Antikamnia

OPPOSED TO PAIN

Gives Desired Results in the Crises of Locomotor Ataxia, Neuralgia, Sciatica, Rheumatism, Pneumonia, Menstrual Neuroses, Typhoid and



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SEND TO THE ANTIKAMNIA CHEMICAL COMPANY, ST. LOUIS, MO., FOR SAMPLE MAILED IN "VEST POCKET BOX," FREE. SPECIFY ANTIKAMNIA (GENUINE) ON YOUR PRESCRIPTIONS.

"The doctor has the highest and best right to insist that no worthless substitute be imposed upon his defenseless patient. He knows the specific effect of the genuine drug and knows equally well it cannot be successfully imitated."—**Courier of Medicine.**

A SUCCEDANEUM FOR MORPHIA.

WHEELER'S TISSUE PHOSPHATE.

Wheeler's Compound Elixir of Phosphates and Calisaya. A nerve food and nutritive tonic for the treatment of Consumption, Bronchitis, Scrofula and all forms of Nervous Debility. This elegant preparation combines in an agreeable Aromatic Cordial, acceptable to the most irritable conditions of the stomach: Say Bone Lime Phosphate, Soda Phosphate, Iron Phosphate, Phosphoric Acid, and the acrive prineiples of Calisaya and Wild Cherry.

The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununite Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gestation and Lactation, to promote Development, etc., and as a physiological restorative in Sexual Debility, and all used-up conditions of the Nervous System, should receive the careful attention of good therapeutists.

NOTABLE PROPERTIES: As reliable in Dyspepsia as Quinine in Ague. Secures the largest percentage of benefit in Consumption and all Wasting Diseases, by determining the perfect digestion and assimilation of food. When using it, Cod Liver Oil may be taken without repugnance. It renders success possible in treating chronic diseases of Women and Children, who take it with pleasure for prolonged periods, a factor essential to maintain the good will of the patient. Being a Tissue Constructive, it is the best general utility compound for tonic restorative purposes we have, no mischievous effects resulting from exhibiting it in any possible morbid condition of the system.

DOSE—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful; for infants, from five to twenty drops, according to age. Prepared at the Chemical Laboratory of

T. B. Wheeler, M. D., Montreal, P. Q.

☞To prevent substitution, put up in pound bottles only, and sole by all druggists at One Dollar.☜

READ THE PAMPHLET SENT YOU.

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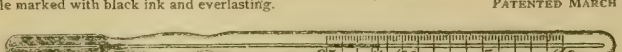
HALF-MINUTE CLINICAL THERMOMETER.

FOR QUICK REGISTRATION OF TEMPERATURE.

The scale marked with black ink and everlasting. PATENTED MARCH 25, 1890



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With the atmospheric register at 60°, if "THE TWIN" be immersed in warm water of 105°, the mercury will reach that degree in less than 20 seconds

The welding the two bulbs into one without any intervening space renders "THE TWIN" much stronger and less liable to break than any other heretofore offered.

It will also be found much more convenient to carry, requiring less room in a case or in the vest pocket. For these reasons as well as for its Guaranteed Accuracy, "THE TWIN" is universally recommended by the medical profession. **For Sale by all Dealers. Price $2.00 Each.**

For a limited time sent by mail to physicians at 25 cer cent. discount; that is upon receipt of $1.50 net, *provided* they are caretul to mention this Magazine.

JOHN BARRY, Patentee and Maker 62 Fulton Street, NEW YORK.

Please Mention Charlotte Medical Journal.

Notes.

Few physicians, who have practiced medicine five years, but have assured some patient relief, in the use of cod liver oil, only to see the patient sink lower and lower, from want of power to digest the remedy. Cod Liver Glycerine removes this difficulty; capable of being diluted with water, requires no digestion, but is a digestive stimulant. If you give Cod Liver Glycerine it will be assimilated. It combines readily in all prescriptions.

The Superintendent and Surgeon in charge of St. Louis City Hospital, Dr. A. Marks, announces that Cod Liver Glycerine is now used in that institution. Its power to mix uniformly in any proportion, in all prescriptions, or to mix with water and spirits without separating on standing, renders it the most desirable reconstructive in the convalescent period of difficult surgical cases, or acute diseases attended with emaciation; while its digestive properties insure its therapeutic action. †

Salophen as an Anti-Rheumatic.

The reports that have thus far appeared on the therapeutics of Salophen coincide in ascribing to this remedy admirable anti-rheumatic and anti-neuralgic properties. Dr. Koster (Therapeutische Monatshefte, January, 1894,) supplements this favorable testimony with the results of his own experience with Salophen in cases of acute and chronic articular rheumatism and neuralgia. In 30 cases of acute articular rheumatism the pains and swelling disappeared rapidly, sometimes after a few 1.0 gm. doses, and usually after four days in the severe cases. After effects were observed in but a few cases, and were of slight character. The remedy also acted very favorably in a number of cases of muscular rheumatism. Although of little value in chronic rheumatism the results were excellent, and sometimes astonishingly good, in a considerable series of cases of neuralgic affections, such as headaches, hemicrania, trigeminal neuralgia. A woman who had suffered for three months from violent neuralgia in the left arm which could not be relieved by any of the customary anti-neuralgias, was cured within a few days, and in a case of severe supra-orbital neuralgia the attacks could always be relieved by administration of a few gramme doses. Koster concludes that Salophen is a powerful anti-rheumatic and anti-neuralgic and a valuable addition to the materia medica.

Pertinent Facts on Vaccine Virus.

Keep in a glass-stopper jar in an unheated room in winter and in a refrigerator in summer.

Do not carry in an inside pocket.

Do not use too much water.

Do not abraid too large a surface.

Do not use any dressing.

Do not report until the 8th, or better, the 10th day.

Our plan of operating is as follows:

We scarify by scraping off the scarf-skin from a surface about one-fourth of an inch square over the insertion of the deltoid muscle, scratching the surface thus abraided in two directions.

We touch one side of the ivory point with a drop of water, immediately shaking the excess off; rub this side briskly on the abrasion and then form a paste by using the dry side of the point.

We finish the operation by gently scratching the virus in with the point we have used.

We are then certain of getting some of the vaccine corpuscles within reach of the mouths of the absorbents.

Too much water, with the serum that exudes from the arm, frequently washes away the corpuscles, while too thick a paste, if not pricked in, will dry as a varnish, beyond the reach of the absorbents which have been closed by the rubbing process.

If you protect with a shield, seee that it is properly ventilated.

Failures result from

Using unhealthy or poorly fed cattle.

Pressure used in removing Lymph.

The clamor of physicians for colorless points.

Hot mail-cars, drug stores and physicians' offices.

Improper methods of operating.

Old goods, or mucilage and croton oil points! sold at cut rate prices, while human lives are sacrificed.—DR. H. M. ALEXANDER *in Medical and Surgical Reporter.*

Professor Lombroso, the Italian scientist, concludes after investigation that women of the criminal and immoral type are invariably larger of hand and feet and smaller in the head than the average woman.—*Pub. Opinion.*

Silver.

One of the effects of the recent legislation on the silver question has been, of course, to reduce the price of that metal very materially, and although there are great differences of opinion as to whether the general public have been benefitted or not by the passage of that bill, it is not our purpose to discuss this in a general way; we only wish to indicate the benefit which the medical profession as a class have received from cheap silver:

During the past 5 years there have been over 25,000 Chloride of Silver Dry Cell Batteries sold in the United States and Canada, and for the last year or two it has been extremely difficult for Instrument Houses to sell any other form of Faradic Battery than those operated by these clean and reliable cells; however, the Galvanic, or Constant Current, Batteries, containing as they do so many more cells, and consequently so much more Silver, could not be sold at a price to compete with the old fashioned fluid machines and many physicians did not feel able to pay the price asked for them; forcing themselves to be contented with a less convenient apparatus. Cheap silver, however, has made a wonderful change in this matter, for now a Chloride of Silver Dry Cell Battery can be purchased for less money even than other makes, and these splendid instruments are thus within the reach of every physician. This will be welcome news indeed to a large number of our readers. By all means send 4 cents in stamps (actual cost of mailing) to the Chloride of Silver Dry Cell Battery Co., Baltimore, Maryland, and receive one of their new and beautiful catalogues, which contains much valuable information, and is a suitable "Advance Courier" for their magnificent goods.

ATLANLA, GA., March 10, 1894.

The Forty-fifth Annual Session of the Medical Association of Georgia will meet in Atlanta, Ga., on April 18, 19, 20.

The officers are: President, W. H. Elliott, M. D., of Savannah, Ga.; Vice-Presidents, G. T. Miller, M. D., of Americus, H. McHatton, M. D., of Macon; Treasurer, E. C. Goodrich, M. D., of Augusta; Secretary, Dan H. Howell, M. D., of Atlanta, Ga.

Very respectfully, DAN H. HOWELL, M. D.,
Sec'y Medical Ass'n of Ga.

Asparaline Compound.

The preparation known as "Asparaline Compound" is a combination of a number of remedies of recognized therapeutic power. There is asparagus, which is a valuable diuretic and sedative; parsley, which is stimulating, anti-periodic, anti-scorbutic and also diuretic; Gum Guaicum, which is tonic, alterative, and a great favorite of the late Dr. Dewees in dysmenorrhœa; Black Haw Bark, which is anti-spasmodic and anti-abortive; Henbane, which is one of our safest and most reliable anodyne and calmative remedies; and such aromatics which are known to possess warm, stimulating stomachic effects and of special value in relieving pain or spasms of any kind.

From such a combination it is evident we have here a remedy of especial value in cases of dysmenorrhœa, amenorrhœa, leucorrhœa and menorrhagia.

The clinical results show that this theoretical combination is all that could be desired in practice.

So far as we know, this is the only compound on the market which can be said to be a safe and reliable remedy for the relief to the suffering, but when such lesions do not exist we can see no reason why this compound will not prove of the highest value in both the relief and cure of uterine affections together with all other kindred diseases where the uterine organs are involved.

Tablet Triturates.

A rare opportunity is offered the physician who dispenses Tablet Triturates. The Hall Capsule Co., of Cincinnati, formerly manufactured a full line of these goods according to the method suggested by Dr. Robt. M. Fuller, molding instead of compressing, thereby rendering them instantly soluble. Owing to the increased demand for their gelatine products, the Hall Capsule Co. have been compelled to discontinue making Tablets and Hypodermics and are now closing out their line, which, while broken, contains many staples. Send them a memorandum of the Tablets you use and if they are in stock they will make you "panic" prices according to the quantity you can use.

"Robinson's Lime Juice and Pepsin" is an excellent remedy in the gastric derangements particularly prevalent at this season. It is superior as a digestive agent to many other similar goods.

"That New Catalogue of Ours"

has been pronounced the most elegant LIST OF ELECTRO-MEDICAL APPARATUS ever issued. It gives a complete List of all Improvements made in Portable Electro-Medical Apparatus during the past Eight Years.

It gives the WELCOME NEWS that since the reduction in price of Metallic Silver,

Chloride of Silver Dry Cell Batteries

have been REDUCED in price

30 PER CENT.

30 PER CENT.

It describes the New Interchangeable Chloride of Silver Dry Cells, which permit the Physician to restore our Batteries when exhausted, and obviates all future necessity of sending Batteries to the Instrument-Maker for renewal or repairs.

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THE CHLORIDE OF SILVER DRY CELL BATTERY CO.
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Please Mention this Journal when corresponding with us.

NERVOUS EXHAUSTION.

Horsford's Acid Phosphate.

Recommended as a restorative in all cases where the nervous system has been reduced below the normal standard, by overwork, as found in brain workers, professional men teachers, students, etc., in debility from seminal losses, dyspepsia from nervous origin, insomnia where the nervous system suffers.

It is readily assimilated and promotes digestion.

DR. EDWIN F. VOSE, Portland, Me., says: "I have prescribed it for many of the various forms of nervous debility, and it has never failed to do good."

Send for descriptive circular. Physicians who wish to test it will be furnished, upon application, with a sample, by mail, or a full size bottle without expense except express charges.
Prepared according to the directions of PROF. E. N. HORSFORD, by the

Beware of Substitutes and Imitations.

RUMFORD CHEMICAL WORKS, PROVIDENCE, R. I.

Flavell's Improved Uterine Supporter. Price to Physicians, $2.

Fig. 4.

No Leather to become hard and stain the Linen. Made of Silk Elastic with Sateen Jean Trimmings. Never fails to give perfect satisfaction, even in the most difficult cases where any instrument can be used. DIRECTIONS FOR ORDERING.—Give circumference of Abdomen two inches below navel, and state if for Prolapsus, Anteversion or Retroversion.

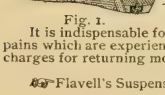

Fig. 1.

ABDOMINAL SUPPORTERS.

DIRECTIONS FOR MEASUREMENT.

Give exact circumference of body at K, L, M.

PRICE TO PHYSICIANS:
SILK ELASTIC, $2.75. THREAD ELASTIC, $2.00.

☞Never fails to give perfect satisfaction, and is very comfortable to the patient. It is indispensable for women during pregnancy and after confinement, as it prevents those bearing down pains which are experienced during gestation. Goods sent by mail upon receipt of price, or by Express C.O.D. charges for returning money added

G. W. FLAVELL & BRO.
1005 Spring Garden Street, PHILADELPHIA, PA

☞Flavell's Suspensory Bandages at all druggists. Send for Price List of Elastic Stockings.

Dr. JOSEPH TABER JOHNSON'S

PRIVATE SANATORIUM

FOR GYNÆCOLOGY AND ABDOMINAL SURGRY

is situated on the west side of Farragut Square, at the junction of 17th and K Streets and Connecticut Avenue —themost beautiful and healthful part of Washington. Number of patients limited to seventeen. All rooms face the street and have open fire-places and electric bells. Marble operating and bath rooms with latest and best equipment. No pregnant, contagious, or insane cases received. Each patient has a room to herself. A small ward has also been fitted up containing three beds where surgical cases are received at one third the usual rates when necessary. Nurses trained by Dr. Johnson are in attendance.

For further information address 1728 K Street.

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RUBBER GOODS

We manufacture a full line Druggists Sundries of every description.

—Some of our SPECIALTIES are—

Original Fairbanks Fountain Syringe,
Tyrian No. 5 Bulb Syringe,
Tyrian Hot Water Bottles,
Chair and Crutch Tips,
No. 85 Nipples.

Ask your Druggist for

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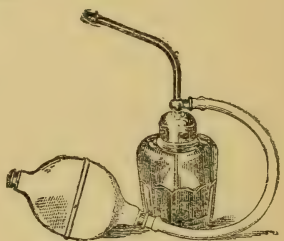

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LEADING JEWELERS

BOYNE & BADGER

OF NORTH CAROLINA

CHARLOTTE, N. C.

"To be out of style is to be out of the world." Your name artistically engraved on one pack of cards and plate furnished you for only $1.25.

Alcohol.

Alcohol is an insidious foe. It flatters men with elusive promises of great deeds to be achieved, of valuable prizes to be won in life's battle; but, alas! it slowly strangles that watchful sentinel, the brain, which guards the camp, and then it is only a question of time when the garrison shall surrender. Hold no parley with such an enemy. He many times has a friend within the city, who will hasten to throw wide the gates, reckless of consequences.

What Constitutes Skill and Diligence by Medical Men.

The reasonable and ordinary care, skill and diligence which the law requires of physicians and surgeons is such as physicians and surgeons, in the same general neighborhood, in the same general line of practice, ordinarily have and exercise in like cases. In a Pennsylvania case a surgeon was sued for alleged malpractice in the setting and treatment of a broken limb. The court charged the jury "that the defendant was bound to bring to his aid the skill necessary for a surgeon to set the leg so as to make it straight and of equal length with the other, when healed; and if he did not he was accountable in damages, just as a stonemason or bricklayer would be in building a wall of poor materials, and the wall fell down; or if they built a chimney and it would smoke by reason of want of skill in its construction. They could not only recover for building, but would be accountable for damages." This ruling was reversed no appeal, and the Appellate Court laid down this rule:—

"The implied contract of a physician and surgeon is not to cure—to restore a limb to its natural perfectness—but to treat the case with diligence and skill. The fracture may be so complicated that no skill vouchsafed to man can restore original straightness and length; or the patient may, by wilful disregard of the surgeon's direction, impair the effect of the best conceived measures. He deals not with insensate matter, like the stonemason or bricklayer, who can choose their materials and adjust them according to mathematical lines; but he has a suffering human being to treat, a nervous system to tranquillize and a will to regulate and control."

The true measures of skill required is that ordinarily exercised in the profession by the members thereof as a body—that is the average of the reasonable skill and diligence ordinarily exercised

by the profession as a whole, not that exercised by the thoroughly educated nor well educated.

The medical man must not only possess the required skill, but must exercise it in the cast at hand, and in the manner best calculated to bring about beneficial results.—*Medical and Surgical Reporter.*

Perambulating Nuisances.

Judge Dixon, of New Jersey, in a charge to the grand jury of Paterson, a few years ago, said: "If a man, conscious that he carries about with him the germs of a contagious disease, recklessly exposes the health and lives of others, he is a public nusiance and a criminal, and may be held answerable for the results of his conduct. If death occurs through his recklessness, he may be indicted for manslaughter. It is held that where a person knowingly communicates a contagious disease to another, and death results, the crime is that of manslaughter. . . . The man may be indicted also for spreading the disease by conscious exposure of others thereto by his presence in public places—such as on the streets, in halls, etc. He might be indicted as a public nuisance for endangering the public health in this way, even if no consequences had followed. The law provides some penalty for such offences against the public safety."—*Medico-Legal Journal, Vol. I., p. 394.*

Antikamnia.

This is a combination of elements belonging to the coal-tar group, and is an American product. It is a white crystalline powder, odorless, and has a slightly burning taste; soluble in hot water and in diluted alcohol, but not in cold water. It acts as antipyretic, analgesic and anodyne. The importance attached to this drug, I think, is due to its anodyne and analgesic power, and the celerity with which it acts. As an antipyretic in fevers, it acts more slowly than antipyrin, but is not attended with as much depression of the cardiac system and cyanosis. Whenever a sedative and an analgesic together is indicated, this remedy meets the demand. In severe headaches it is the remedy *par excellence.*—C. A. Julian, M. D., Louisville Medical College, in *N. C. Medical Journal.*

IATROL

Chemical Constituents. INODOROUS and NON-TOXIC Succedanum for Iodoform. A definite chemical product of known therapeutic value.

An Oxy-Iodo-Methylo-Analide.

Physical Properties. An impalpable white powder, anaesthetic, slightly astringent, and of acid taste, unaffected by light or heat; will not decompose under action of metallic oxides, salts of murcury or alkalies.

Therapeutic Properties. Aseptic, antiseptic, germicide and a powerfu cicatrizant.

Sample sent free of charge to physicians on application.
We also prepare Iatrol Moist Gauze 10 per cent., in yard and five yard jars.

CLINTON PHARMACEUTICAL CO.
Sole Manufacturers, SYRACUSE, N. Y.

The World's Antipyretic, Analgesic and Anodyne

ANTIDOLAR

A Grand Substitute for Morphia.

AN ENTIRELY NEW COAL TAR DERIVATIVE.

EXCELLENT in La Grippe and all kinds of Headache. SAFE and SURE. Relieves Sciatica, Myalgia, Hemicrania, Typhoid Fever, and troubles due to Irregularities of Menstruation. WORKS LIKE A CHARM.

Put up for Physicians in two forms—POWDERED AND 5 Grain TABLETS. Samples of each sent on application.

Trade Supplied by United States and Canada Jobbers.

THE ANTIDOLAR CHEMICAL CO., SPRINGFIELD, ILLINOIS.

A Vitalizing Tonic to the Reproductive System

SANMETTO

—FOR—

GENITO-URINARY DISEASES.

A Scientific Blending of True Santal and Saw Palmetto in a Pleasant r omatic Vehicl e.

SPECIALLY VALUABLE IN

Prostatic Troubles of Old Men—Pre-Senility,
Difficult Micturition—Urethral Inflammation,
Ovarian Pains—Irritable Bladder.

Positive Merit as a Rebuilder.

DOSE:—One teaspoonful four times a day.

OD CHEM. CO., New York.

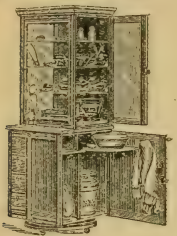
The Allison Operating Chair.

WE MANUFACTURE

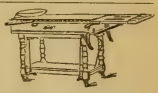
Operating Chairs,
Examining Tables,
Throat Speculæ,
Invalid Rolling Chairs,
Parlor Reclining Chairs.

Convenient, Practical and Substantial.

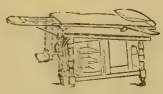
Any position desired can ..be obtained instantly..

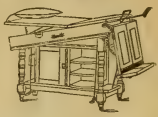


The convenience and practical utility is at once apparent. The upper section revolves and is thoroughly aseptic and absolutely proof against dust and dampness.



The "Allison" Examining Table.





The pride and delight of every physician using it.

The numerous positions obtainable and the ease with which it can be adjusted from one position to another commends it once, and it never fails to please.

Write for catalogue, prices and terms.

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DO YOU WEAR SOCKS?

CHARLOTTE MEN

Buy 150 dozen pairs of one kind of socks from us every year These socks are made in Germany by the finest stocking maker in the world. They are made of the finest long staple cotton, soft and fine guage, they resemble silk. They have double toes and high spliced heels and are the best fitting, most comfortable and best wearing socks on the market.

The colors are tans, browns, slates and fast blacks.

25 cents a pair, by mail 2 cents extra.

YOU PAY 50 CENTS AND NOT GET AS GOOD.

ROGERS & COMPANY,

Everything in Clothing, Hats and Furnishings,

CHARLOTTE, N. C.

Please Mention Charlotte Medical Journal.

Well Sized Up.

Rev. J B. Hawthorne, of this city, said in his sermon, February 18th: "If all the thieves were put into the chain-gang to-morrow, . . . it would shut the doors of real estate offices and thin the ranks of the legal and medical fraternities." In regard to the real estate business, Dr. Hawthorne probably speaks by the card, because he has been interested in some land schemes himself in a quiet way as a "side line" to the sacred ministry. He therefore knows the tricks of the trade. We do not know what motive or experience prompted the good doctor in his stricture upon the medical fraternity. The only relation that we know of which he has sustained toward the medical profession has been to receive free medical attention for himself and family whenever occasion required. Such insinuations, therefore, as the above come with very poor grace, and savor of the meanest ingratitude. And all of this, too, from a man, a minister, who owns or did own a large part of the stock of a patent medicine humbug, King's Royal Germeteur, which consists only of the addition of one pint of dydrochloric acid, costing twenty cents, to a barrel of water, costing nothing, the mixture selling for one dollar a quart! The doctor ironically selected for his text that morning, He that is without sin among you, let him cast the first stone. We think that this great evangel of all that is good and honest, who poses as the public censor, might make a personal application of his text with considerable advantage.—*Atlanta Medical and Surgical Journal.*

The Influenza Death Rate.

The dread with which people regard cholera is no less conspicuous than the levity with which they are apt to treat influenza. Yet it may be doubted whether, in the long run, la grippe does not claim as many victims as the Asiatic disease itself. At any rate, it cannot much matter to the victim if he be killed in a few hours by the cramps and diarrhœa of cholera, or in a few days by the depression and long complications of the other malady. So far as the question of the relative mortality of these two scourges is concerned, some of the English life insurance officers assert that they have lost more by influenza during the past two or three years than by cholera in forty years.—*Memphis Med. Monthly.*

Number of Physicians in the United States.

According to a recent list issued by the Gardiner Company, of New York, there are 118,453 physicians in the United States, as follows:

Maine	1,222	Maryland	2,120
New Hampshire	720	Virginia	2,806
Vermont	696	West Virginia	1,061
Massachusetts	4,457	North Carolina	1,798
Rhode Island	654	South Carolina	1,422
Connecticut	1,267	Georgia	2,825
New York	11,171	Florida	789
New Jersey	2,030	Kentucky	4,063
Pennsylvania	9,310	Tennessee	4,379
Delaware	292	Alabama	2,117
Ohio	7,574	Mississippi	1,682
Indiana	5,006	Louisiana	1,412
Illinois	8,002	Texas	5,288
Michigan	4,057	Arizona Territory	108
Wisconsin	1,966	Idaho	176
Minnesota	1,584	Indian Territory	416
Iowa	4,434	Montana	299
Nebraska	1,730	New Mexico Territory	147
Kansas	3,089	Utah Territory	273
Arkansas	2,586	Washington	910
Missouri	6,178	Wyoming	75
California	3,300	North Dakota	272
Colorado	1,165	South Dakota	450
Nevada	66	Oklahoma	267
Oregon	909		
District of Columbia	831	Total	118,453

—*Exchange.*

Homestead, Pa., February 24, 1894.

DIOS CHEMICAL CO., St. Louis, Mo.:

GENTLEMEN—Have used Sennine in a variety of diseases, and find it particularly effective in Eczema, Croup, Diphtheria and Gonorrhea. Its antiseptic qualities are unquestionable, and being odorless, it recommends itself to the profession.

Very truly, N. J. BIGLEY, M. D.

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WITH

Cascara Sagrada

Peristalsis Re-established and Permanently Maintained. Rendered Palatable by Combining the Bitter with the Sweet. It is Especially Indicated in Constipation of Pregnancy. No Griping: No Nausea: nor any Distressing Re-action. The System Nourished by Tonic Properties of Maltine. The Ideal Laxative for Children.

Upon application we will send to any physician who will pay express charges a case containing an eight ounce bottle of MALTINE with CASCARA SAGRADA and an eight ounce bottle of MALTINE FERRATED, also a pamphlet on MALTINE and its eight Compounds with their formulæ.

THE MALTINE MANUFACTURING CO.

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WE WILL SEND

Free to Physicians

Sufficient quantities for thorough trial of any or ALL of the following preparations, viz:

COCAINE COMPOUND Suppositories and Bougies. Unexcelled for the treatment of Uterine Urethral, and Rectal Diseases.

Logansport, Ind., August 28, 1888.

S. B. MEDICINE CO.:

Gentlemen—Please ship me 6 dozen boxes Cocaine Compound Suppositories, one dozen boxes Cocaine Compound Bougies, 2 gallons Pine Tar Expectorant. Please put my label on the C. C. boxes, and ship by freight as soon as possible, and oblige, J. B. SHULTZ, M. D.

CAFFACEMON Tablets for Headache of all kinds, Neuralgia, Rheumatism, Menstrual Pains, La Grippe, Fevers, etc. An excellent antipyretic and analgesic, utterly devoid of the depressing effects so common in that class of remedies,

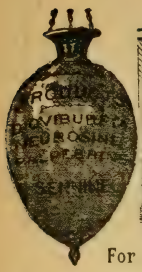
Newark, Ohio. October 20, 1892.

THE S. B. MEDICINE CO., South Bend, Ind.:

Gentlemen—I have given the **Caffacemon** tablets a fair trial, and am highly pleased with them, and can use them in large quantities in my practice. Please send 3,000 C. O. D., at once, and oblige, Yours respectfully, DR. LUCY HARKEY ADAMS.

Address THE S. B. MEDICINE CO., South Bend, Ind., U. S. A.

Mention this journal when you write.



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COMPARATIVELY INEXPENSIVE—Five parts of SENNINE dissolved in 100 parts of water, (2⅔ make 4 pints) is sufficiently strong for an antiseptic wash.

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Put up in 2 oz. Tin Boxes with inner Perforated cover for convenience of applying. Price ONE DOLLAR. Samples and literature mailed FREE to Physicians on Application, or the 2 oz. Box postpaid on receipt of $1.

DIOS CHEMICAL COMPANY, ST. LOUIS, MO., U. S. A.

INFORMATION FOR NURSES,

IN HOME and HOSPITAL,

By MARTIN W. CURRAN, Graduate of the Mills Training School, Bellevue Hospital, New York City.

This book is prepared primarily for a text book in training schools for nurses, but it is a book that every physician that examines will be glad to recommend, not only to young people wishing to fit themselves for the nurse's profession, but also to mothers of families who are anxious to read something on the treatment of diseases and are too often misled by the numerous books of quack remedies. "INFORMATION FOR NURSES" is thoroughly scientific, and the author wisely limits himself to instructing his readers how to follow a doctor's directions intelligently, instead of indulging in the dangerous pastime of administering drugs on their own responsibility.

The retail price of this book is $1.75, but as we expect to introduce it largely through the recommendation of physicians, we will send a copy prepaid to any physician's address on receipt of $1, and shall be glad to arrange with him for placing the sale in his vicinity in the hands of any agent whom he may designate.

☞ A catalogue of our publications will be sent free to any address.

CHARLES H. KERR & COMPANY, Publishers,

175 Monroe Street, CHICAGO.

Marriage as a Prescription for Uterine Disease.

At the meeting of the Gynecological Society of Washington, Dr. Cook objected to the advice sometimes given in uterine and nervous diseases—to marry. It behooves the physiciun to consider how far he may be responsible for divorce proceedings, as a result of such advice. Dr. Cook doubted whether marriage will cure any disease, for, although dysmenorrhœa has been relieved by parturition, when stenosis is present as a cause, conception cannot occur. He believed that marriage tends to increase the pains of dysmenorrhœa and to aggravate nervous conditions. Dr. Johnson thought that pelvic inflammation with adhesions is often relieved by pregnancy, the adhesions being softened and absorbed. Dr. Carr said that many hysterical women are benefited by marriage, but he would hesitate about advising it in all such cases. The only cure for anteflexion was pregnancy. Dr. King held that many cases of hysteria are cured by marriage. Young women who were normal and surging with passion and were hysterical, might be permanently benefited by early marriage.

SANMETTO IN CYSTIC AND PROSTATIC TROUBLES and in diseases of the mucous membranes of a chronic character. I have not been in the habit of endorsing proprietary medicines, but *Sanmetto* is such an elegant pharmaceutical combination, that I must make an exception in its favor. I have used several bottles of it in my practice, and have obtained most gratifying, and I may say, *surprising* results. In cystic and prostatic troubles it will not disappoint the practitioner. I have found it useful in all diseases of the mucous membranes of a chronic character. I could not get along without it.

IRA D. BROWN, M. D.

Weedsport, N. Y.

His First Case.

A young doctor attending his first case of labor was very much frightened when the membranes ruptured and the waters gushed out; and, while looking in utter astonishment at the placenta, the husband said, "Doctor, do you think she will die?" "Die? of course she'll die; don't you see her bladder's busted and her liver dropped out?"—*Hot Springs Medical Journal.*

The Young Doctor's Presence of Mind.

"Speaking of doctors' bills," said Cooper, as he elevated his feet and lit a cigar; "I have recently had revealed to me a depth of nerve which I supposed was possessed only by gas men and plumbers You know young Dr. De Ploma?"

"Yes."

"Well, you know when he was graduated and came here to practice he was pretty sweet on my daughter Grace for awhile?"

"Yes."

"Well, one roasting day last summer she met him down town while she was out shopping, and he asked her to have a glass of soda water at Fizz & Foam's."

"Very nice."

"Wait. Little while after that he popped and Grace threw him over."

"Poor fellow."

"Yes, poor fellow! But he had his wits about him and yesterday I got this bill:

JAMES ALFRED DE PLOMA, M. D.
Office Hours,
12:01 A. M. to 11:59 P. M.

G. COOPER Dr.

July 4. To treating daughter, - - - $3.00.

—*Medical Review.*

CHICAGO, March 8th, 1894.

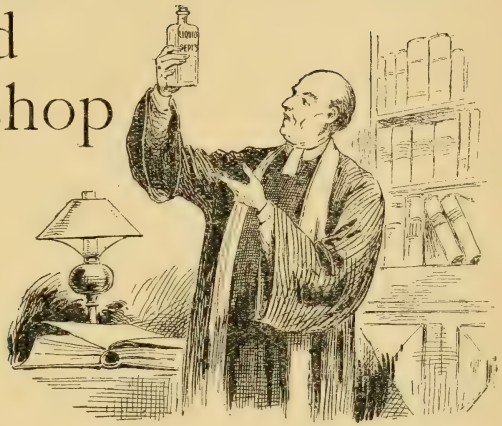
The Searle & Hereth Co., Canal and Jackson Sts.

Gentlemen:—The benefits arising from the use of your valuable preparation of Triticum Repens, known as "Tritica" has agreeably surprised me, as well as my associates. In several chronic cases of cystitis considered beyond the pale of internal medication, if not beyond that of local application, even, it has produced the most laudable results. Outside practicing friends of mine concur with me in my opinion regarding its use. Thanking you for the kindness of forwarding samples, since which time we have introduced it in our hospital, I am,

Yours very truly, J. M. BROWN, M. D.
House staff, C. C. H.

The Good Old Bishop

"It is of a nature so mild and benign, and Proportioned to the human constitution, as to warm without heating, to cheer but not inebriate."
—BISHOP BERKELY.



must have had Liquid Peptonoids with Coca in mind when he evolved the above sentiment. It is "proportioned to the human constitution" in that it contains all of the essential nutritive elements of beef, milk and gluten, ready for immediate absorption and appropriation. It "warms without heating" and cheers without inebriating, because the reconstructive and force-sustaining potency of the Peptonoids anticipates and nullifies any reactionary effect of the Coca.

This is our explanation of the therapeutic efficiency of **Liquid Peptonoids with Coca.** Perhaps physicians may know of some other reason. If so, we should be pleased to be advised of it.

Send for "THE DOCTOR'S FACTOTUM."
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HELONIA TABLETS

VAGINAL

FOR THE CURE OF

LEUCORRHŒA

AND ALL

VAGINAL DISCHARGES

EACH TABLET REPRESENTS

Ex. Helonias	½ gr
Acid Tannic	2 gr.
Acid Salicylic	1 gr.
Ex. Opium	¼ gr.
Acid Boracic	3 gr.
Ex. Hyoscyamus	1 gr.

With Thymol, Eucalyptol and Alum.

A simple and efficacious method of treatment that does away wit the uncertainty of medicated vaginal injections.

DIRECTIONS—One or two to be inserted into the Vagina eac night, followed by a warm water douche in the morning.

Put up in Elegant Shape for Physicians' Prescriptions only.

FIFTY IN EACH BOTTLE; PRICE, $1.00.

GENTLEMEN—I have practiced medicine quite a number of years, but I have never used a remedy that acted with such marvelous effects for good as your "HELONIA TABLETS." Leucorrhœa vanishes like magic. I am Yours truly,

L. Adler Sonnen

LOUISVILLE, KY.

I have no hesitation in recommending the Tablets to the profession. They are easily handled, elegantly prepared, and will rapidly take an important place in gynecological therapeutics.

In Garnett M. D.

St. Louis, Mo.

My experience in these cases, with the Helonia Tablets, has been so highly gratifying, and the ordinary astringent injections are at times so unsatisfactory, that I intend to keep a stock of the Tablets on hand and prescribe them in all cases where indicated.

H. M. Hedgwick, M.D.

Peoria, Ill.

My experience has been so highly satisfactory that these tablets form a part of my daily armamentarium and I would not be without them at any cost.

Very truly Yours
Thos. M. Thomas

Peoria, Ill.

NORTH CHEMICAL CO., 79 Maiden Lane, New York City.

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Send for samples and literature, and mention this Journal.

Syphilis by Conception.

This peculiar phase of lues is explained in the following manner by Prof. Chambrelent (Atlanta Med. and Surg. Jour.): A syphilitic individual has intercourse with his wife and does not contaminate her. As long as this woman does not conceive, there is no symptom. However, she becomes pregnant, and immediately the symptoms of secondary syphilis appear. This form of syphilis well deserves the name of syphilis by conception, because it was the fetus which rendered its mother syphilitic. And, in general, among the secondary symptoms, that which predominates is headache, well defined at night, which is often the most intense, and against which it is necessary to be guarded. If, for instance, it is not attributed to its true cause, as often happens, the physician is surprised to find himself powerless against it, to see it resist the most vigorous treatment. This form of syphilis, by conception, is far from being rare. It has been more especially studied by French syphilographers, chief among whom are Diday, of Lyons, and Fournier, of Paris.

A peculiarity of these cases is not only the absence of any chancre, but the most minute investigations fail to show any lymphatic involvement prior to conception. This form of syphilis was included in the *syphilis larvee* of older writers.

From the Bulletin of the North Carolina Board of Health, we find that during December there were 140 deaths in 24 towns, aggregating 121,504 population; 77 were of colored people, and 29 were of children under five years of age.

The annual death rates were 10.6 per 1000 for the white population, 18.3 for the colored population, and 13.08 for the total. There were 22 deaths from consumption, 6 from typhoid fever, 18 from pneumonia, and 8 from diarrhœal diseases.

Asheville, 12,000: Total deaths, 20. Annual death-rate, 20.0 per 1000.

Charlotte, 14,000: Total deaths, 19. Annual death-rate, 16.3 per 1000.

Raleigh, 15,000: Total deaths, 15. Annual death-rate, 12.0 per 1000.

Wilmington, 22,000: Total deaths, 31. Annual death-rate, 16.08 per 1000.

Lonesome.

The feeling of superiority in the sterner sex is inborn.

"Mamma, do you think you'll go to heaven?" said Jack, thoughtfully looking into his mother's face.

"Yes, dear, if I'm good," said the little mother, cautiously, wondering what would come next.

"Then please be good, for papa and I would be lonesome without you."—*Kate Field's Washington.*

The Pharmacopœia is singularly poor in vegetable alteratives, and sarsaparilla, the best known and most frequently prescribed, is most uncertain in action and frequently very disappointing in results. Any well tested addition, therefore, to our matera medica in this class of remedies, will, we are sure, be gladly welcomed by practitioners. Some time ago we received from Messrs. Parke, Davis & Co., of Detroit, U. S. A., a sample of a syrupy compound containing the essential elements of *Trifolium pratense* (red clover), *Stillingia sylvatica* (yaw root), *Lappa officinalis* (burdock), *Phytolacca decandra* (poke root), *Berberis aquifolium* (mountain grape), *Cascara amarga* (Honduras bark), and *Xanthoxylum Americanum* (prickly ash). All these are powerful alteratives, and have been in common use by American physicians in cases of a scrofulous or syphilitic nature. The proportions of each drug contained in the syrup are given with the directions, and to increase its operative action eight grains of iodide of potassium have been added to each ounce. We have used it with decidedly satisfactory results in some cases of chronic skin diseases of suspected specific origin. Being very palatable, children take it readily, and we have found it exceedingly useful, when combined with small doses of perchloride of mercury, in treating congenital syphilis.—*Hospital Gazette.*

I have pleasure in offering my testimony to the virtue of Cactina (in pillet form), in cases of inordinate cardiaction, and I consider it a valuable adjunct to the Materia Medica.

DANIEL WILSON GWYNNE, M. D., etc.
Member of Gen. Council, University of St. Andrews.
Plymouth, Eng.

WASHINGTON, D. C., March 1st, 1894.

MY DEAR SIRS—The Fourth Annual Meeting of "The Association of Military Surgeons of the United States," will be held in Washington, D. C., May 1st, 2d and 3d, 1894.

This National Organization is composed of Medical Officers of the U. S. Army, U. S. Navy, National Guard of the United States, and the Hospital Marine Service—in whose service are many of the most celebrated and distinguished surgeons of our country. A brilliant and able literary programme will be presented. The afternoon of one day will be set apart for an object lesson from the "Manual of Drill," by the Hospital Corps. The evenings will be given up to social entertainments. There will be about five hundred delegates in attendance.

Will you please give the meeting favorable mention in your valuable journal, and oblige yours gratefully,

GEORGE HENDERSON,
Chairman Committee of Arrangements.

IODIDE OF LIME.
(NICHOLS)

A very Valuable Alterative.

ESPECIALLY INDICATED IN CROUP.

BARK AND IRON.
(NICHOLS)

A Safe and Efficient Tonic, used with advantage in ANÆMIA.

These preparations are manufactured exclusively by

BILLINGS, CLAPP & CO.,
Boston.

Literature and samples furnished to physicians on application.

Immunity Against Disease.

The study of infectious diseases, their specific origin from the toxines of micro-organisms, and the possibility of rendering the human system immune against certain diseases by the introduction into the blood of those susceptible of certain antitoxines, has opened a wide field for study and experiment. Recognizing the fact that toxines are destroyed by heat at a much lower temperature than antitoxines, Bonaduce has made the following experiments (Foster in *N. W. Lancet*):

"Blood was drawn from three children born with all the characteristics of hereditary syphilis. After standing on ice for a day, thirty-five c. c. of serum were obtained, to which one hundred c. c. of sterilized water was added; the mixture heated for ten minutes at 100° C., and filtered. A patient was selected with a characteristic chancre and enlarged inguinal glands, and was given twelve injections during twenty-four days, of about twelve minims each of the prepared serum. The injections were made with all suitable precautions into the subcutaneous cellular tissue. The chancre and the adenopathy completely disappeared; there were no further symptoms, and eight months later the patient remained well and showed absolutely no signs of syphilis. Further experiments are now in progress."

In referring to Peacock's Chionia, I may say it is very nearly, if not quite, a specific remedy for constipation. I have prescribed it in obstinate cases of confirmed constipation, and in each case the remedy has proved successful. One lady who had been afflicted for years with the most obstinate constipation, took one eight-ounce bottle at my suggestion; this occurred four months ago, and since that time she has been free from any symptoms of her former malady, and is to-day in the best of health and spirits.

H. PACE, M. D.,
U. S. Consulate.

Port Sarnia, Ont.

Eye Lotion.

℞ Cupr. sulph.....gr. ij.
Phenosalyl pur.....♏ij.
Aq. dest.....℥j.

In conjunctivitis a few drops several times a day.—*Prescription.*

J. J. CALDWELL, M. D.
NEUROLOGIST,
BALTIMORE, MD.
1138 N. Fulton Ave.

Asthma.

In the intervals of attack, if the patient is gouty, give for twenty days out of each month:—

℞ Iodide of strogtium..... ℥iiss.
Tincture of lobelia..... ℥ss.
Tincture of opium..... ℥v.
Linden water..... ℥iij
M. Dose: Tablespoonful in the morning.—*La Tribune Med.*

The New York Academy of Medicine has established a refectory in their elegant building where members may have the benefit of a social club for themselves and friends. This is a splendid move, and will, we have no doubt, prove an attractive feature, and will tend to bring the members closer together by making them better acquainted with each other. The Times was the first to suggest the innovation several years ago, and has urged it on several occasions.

Dysentery.

℞ Extr. abietis Can..... ℥iiss.
Ol. terebinth..... ℥ss.
M. Sig.: Thirty drops three times a day.—*Med. Summary.*

Bleeding Piles.

℞ Glycerin abietis Can..... ℥iss.
Emuls. amygal. dul..... ℥ivss.
M. Sig: Tablespoonful twice daily.—*Med. Summary.*

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Building Edition, monthly, $2.50 a year. Single copies, 25 cents. Every number contains beautiful plates, in colors, and photographs of new houses, with plans, enabling builders to show the latest designs and secure contracts. Address

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A. Atkinson, M. D.

SPECIAL WORK:

Diseases of Stomach and Bowels.

2101 Maryland Avenue,

BALTIMORE, : MD.

Board can be procured at moderate prices for Patients.

Itching Piles.

℞ Vaselin..... ℥j.
Ichthyol..... ℥j.
M. Sig: Apply often.

Or,

℞ Cosmolin..... ℥j.
Menthol..... ʒss.
Chloral hydrate..... gr. xx.
M. Sig: For local use.—*Mathew's Med. Quarterly.*

Kept the Cash in the Family.

"Well, the widow sued the editor."
"Get anything?"
"One hundred dollars. But she didn't have it long."
"Why?"
"Editor married her."—*Atlanta Constitution.*

Teacher—"That is the fourth question you have failed to answer. If you don't study harder, how do you expect to get along when you grow up?"

Little Boy—"I guess I'll be a school teacher, an' when I want to know anything I'll just ask th' class."—*Good News.*

Yarnall's "FLIER," No. 4.

—A LIST INCLUDING—

NEW INSTRUMENTS.

AND PRICE REDUCTIONS.

E. A. Yarnall Co.

Philadelphia Surgical Instrument House,

1020 Walnut Street, PHILADELPHIA, PA.

Hospital Supplies, Orthopedic Appliances,

Medical Batteries, etc., etc.

The Most Valuable Portion of His Anatomy.

Here is the latest story they are telling around the stock exchange. It relates to a Napoleon of finance, who formerly speculated in Chicago, and afterward picked out a promising town in Iowa, and decided to "build it up." He moved to the town, organized a number of stock companies, started a bank, deposited all the money of the companies in his own bank, and then went into bankruptcy. Some of the principal sufferers went to learn whether anything could be saved from the wreck. They found him in a magnificent apartment, and he was very sorry for them.

"I regret very much, gentlemen," said he, "but I have practically nothing left. My wife owns this house and some business property, but I have nothing. Believe me, if I could do such a thing, I would give you my body and let it be divided up among you, for there is nothing else I can do."

"What's that proposition?" asked a rather deaf old gentleman, who was standing at the back of the mournful company.

"He says," explained one of the sufferers, "that we can take his body, and divide it up among us."

"Well, in that case," said the deaf old gentleman, "I speak for his gall."—*Reflector.*

A certain surgeon of St. Louis, posing as an authority, removed a tumor from the face of a man recently, after which a microscopical examination was made by the surgeon, assisted by a couple of his students. Based upon their microscopical finding, the surgeon reports that he has "classified the tumor as a fibro-myxo-chondro-osteo-sarcoma of bronchial origin," The name seems to take after some of our coal-tar remedies, and its classification reminds us of the story of the backwoods Dutch preacher. As he arose to open his meeting he said: "Brederen, we'll sing de one tousand und 'leven hundred hymn!" The fellow who was appointed to start the music, in his confusion to find the number, spoke out: "There is not that many hymns in the book." (The number was 111.) The minister, not to be beaten, said: "Very well, den; we'll sing vot dere be of dem."—*American Med. Journal.*

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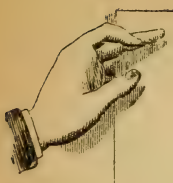

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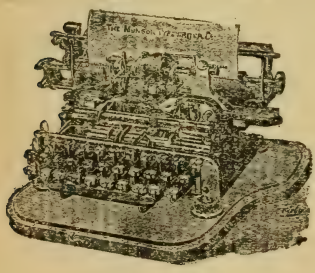

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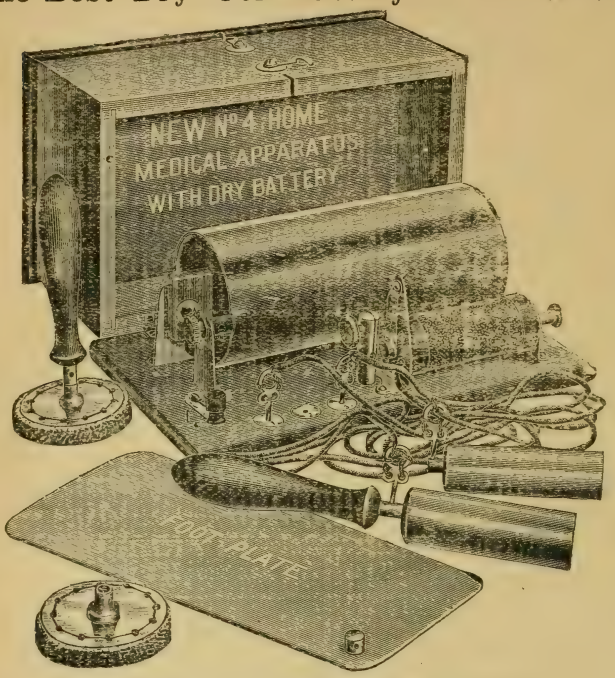

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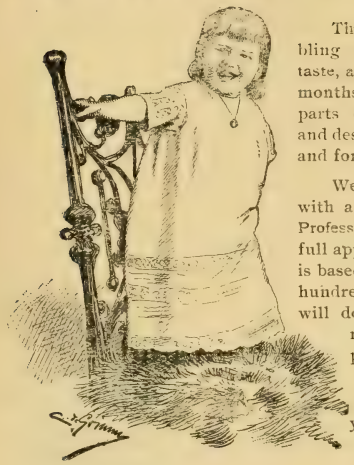

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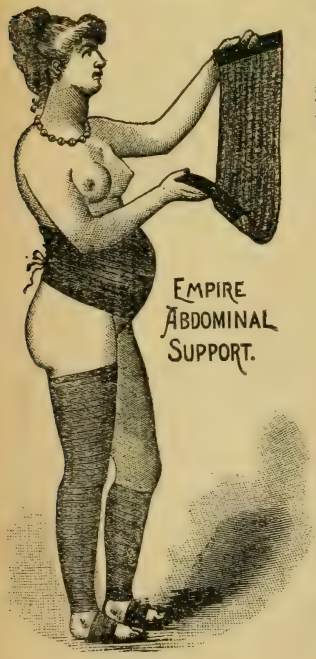

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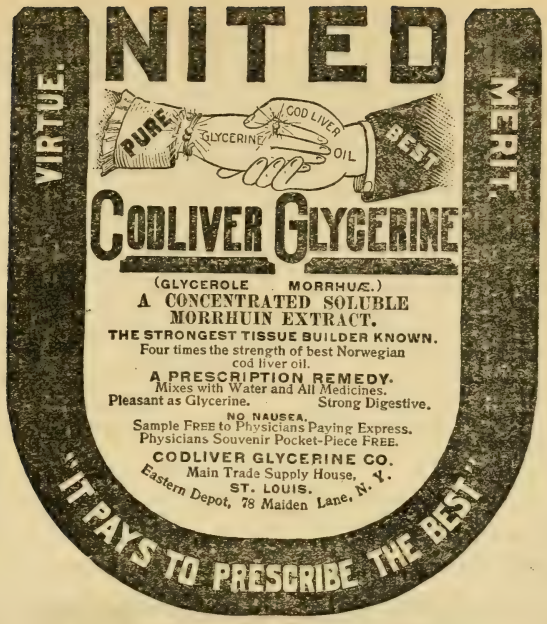

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Charlotte Medical Journal.

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Original Communications.

Treatment of Retrodeviations of the Uterus.

By J. W. Long, M. D., Professor of Gynecology in the Medical College of Virginia, Richmond.

Written Expressly for the Charlotte Medical Journal,]

This subject is an important one, not only because from 15 to 20 per cent. of all gynecological cases come under this head, but because every general practitioner is almost constantly brought into contact with women suffering from some form of retrodoviation of the uterus.

Let us clearly understand what is meant by the term "retrodeviation." The uterus is perhaps the most mobile organ in the body. The only part of it which may be said to be at all fixed is the upper part of the cervix to which the vagina and the utero-sacral ligaments are attached, and this part is only comparatively fixed. The fundus is capable of being pushed very far towards either the front or back by the natural agencies that are brought to bear on it without being considered displaced. But when pushed or pulled so far backwards that it does not readily regain its equilibaium it may be considered retrodeviated.

Retro-*version* and retro-*flexion* will be considered together, as they are often dependent on the same cause. Congenital deviations will not be considered, nor will displacements caused by the presence of tumors. Only *acquired* retrodeviations will be discussed.

Neither retroflexion nor retroversion constitute disease, but is only a condition. I mean, to speak more clearly, that a womau may have the most pronounced type of retrodeviation and suffer no inconvenience whatever from it ; in fact, not be conscious that her uterus is displaced. Therefore, when a woman comes for treatment for a retrodeviation we may be absolutely sure of finding

something complicating the condition, for if she does not suffer she does come for treatment, and that "suffering" always indicates some complication. This statement, which may sound a little strange to those not accustomed to gynecological work, is further borne out by a consideration of the

CAUSES OF RETRODEVIATIONS.

First and foremost among the causes stand the *pureperal diseases* or sequences—endometritis; salpingitis; subinvolution of the uterus; or the round ligaments, or utero-sacral ligaments; and lacerations of the pelvic flow. Anything that retards or hinders normal involution after labor may cause a retrodeviation. Too continuous lying on the back after confinement will cause the heavy subinvoluted fundus to fall backwards and lodge beneath the promontory of the sacrum. Getting up too early before the round and utero-sacral ligaments have shrunk to their normal length may cause the same thing. Women who have not borne children may have a retrodeviation as the result of *gonorrhœa*, which sets up in turn endometritis, salpingitis, and pelvic peritonitis, resulting not only in a retrodeviation, but adhesions as well, which are the most troublesome complication with which we have to contend in pelvic surgery.

I will not dilate further on the causes of this troublesome condition, for I feel sure we can readily see that the history of a retrodeviation is the history of the *cause*, or *complications*. And just here we can see why the time honored custom of sticking a pessary, named after some eminent gynecologist, into the vagina of every woman suffering with a retrodeviation did no good, in fact, often did harm. I put that in the past tense, for I hope the practice "as a routine" has been relegated te the *past* by every one who chances to see this article.

Now as to the treatment of this troublesome affection. I will venture to make three classifications, after the manner I am accustomed to follow in my lectures.

1. Cases that can be retained by vaginal support.

2. Cases that cannot be so retained and yet have absolutely no diseases of the appendages.

3. Cases held down by adhesion.

Before any attempt is made to overcome the displacement we should in every instance endeavor to remove the cause and cure the existing complication. Is the *perinum lacerated?* Repair the

laceration. Is *endometritis* present? Relieve this by the sharp curette and drainage with iodoform gauze, repeated several times if necessary. Is there *subinvolution* of the *fundus* or the *round ligaments* or the *utero-sacral ligaments?* By all means restore these to their normal condition. Is there *oophoro-salpingitis* or *pelvic peritonitis?* Overcome the inflammation by the persistent use of hot douches and boro-glycerine tampons, or if need be by removal of the diseased tube and ovary.

After the complications have been relieved, then we may attempt to treat the dislocation. Even after all existing complications have been cured, it is *absolutely essential* that the retrodisplaced fundus be restored to its normal position before we consider by what means we shall use to *retain* it there. This may be accomplished in one of several ways. In classes (1) and (2) it is usually an easy matter to bring the fundus forward; either by means of the *kun-chest* position, or by the use of *sponges on holders*, or what I prefer in most cases by *bi-manual manipulation.* Granting that the fundus has been restored, the question now is "How shall it be retained there?" I will consider under the *first class* only two methods:

1. Pessaries.
2. Vaginal tampons.

The first method, that by *pessaries*, is the older, and in many quarters the most popular one. I readily grant that some cases are not only relieved, but *cured* by the proper use of pessaries; but in most instances, the second method, *vaginal tampons*, will give the best results. True, this measure entails more care on the part of both patient and physician, but it is certainly free from many of the objections pertaining to pessaries.

After thoroughly cleansing the vagina with a bi-chloride solution, a cotton tampon saturated with *boro-glycerine* is packed firmly in the *posterior vaginal cul-de-sac.* Then a rather long tampon of *wool* firmly rolled is introduced *in front of the cervix.* These tampons not only act as mechanical supports, but by the exosmosis which the boro-glycerine provokes, hasten the process of involution in the ligaments. The tampons should be renewed twice a week or oftener.

For the *second class*, I know of but one method worthy of mention, and that is *Alexander's operation.* But it must be remem-

bered that no case should be subjected to this operation unless we know *positively that no disease of the appendages exists.* So that we readily see that Alexander's operation has a *well defined* but *limited* field.

This still leaves a large class of retro-deviations to deal with, namely, those cases *bound down by adhesions.* For these there are several methods in vogue:

1. Massage.
2. Electricity.
3. Forcible rupture of the adhesions under anæsthesia.
4. Hysteropexy.

I have no doubt but that a few—very few—cases may be relieved by the persistent use of *massage* or *electricity.* The third method, *forcible rupture under anæsthesia*, is one I have employed, but (feeling grateful that I did not kill any one by such a blind proceedure) I shall never try it again. For suppose a pus tube should be present and rupture, "Whar would the patient be ?"

The fourth method is called *hysteropexy*, from two words which mean "the womb" and "fixing," the operation consisting in fixing or stitching the fundus to the anterior abdominal wall. This operation has many advantages. After opening the abdomen it is very easy to determine the presence of diseased tubes or ovaries, and if necessary remove them.

The *adhesions* are readily broken up and the fundus brought forward to the anterior abdominal wall where a few stitches hold it securely. The operation has no *inherent mortality*; if the patient dies it is because of *faulty technique* or the presence of some *serious complication.* These cases should all recover from the operation and almost every one will be cured from the distressing symptoms. I will reserve the technique of this operation, which promises so much to such a large number of women, for a future paper.

It is unnecessary to burden this paper by the details of cases, but will say that my own experience with the operation of hysteropexy convinces me of its great value, and I am sure this statement is in accord with the experience of other workers in this field.

A Study of Hæmorrhoids, and the Best Methods of Removing Them.

By Archer Atkinson, M. D., No. 2101 Maryland Avenue, Baltimore, Specialist in Diseases of the Stomach and Bowels; Late Prof. of Practice of Medicine, Baltimore Med. College; Ex-Member Medico-Chirurgical Society of Maryland; Ex-Member Balto. Med. Society; Member of Balto. Microscopical Society; Ex-Member of Med. Academy of Sciences, and Member of the Victoria Institute, or Philosophical Society of Great Britain, London, W. C., England.

Written Expressly for this Journal.

In this paper it is designed—1st. To outline briefly the anatomy of the parts concerned in the formation of Hæmorrhoids; 2d. To show the frequency of the disease; 3d. To look into the plans found most useful by the writer in alleviating at the time the distress occasioned by an attack of piles without operative procedure; 4th. A brief review of the operative methods, and which the writer has found most officacious; 5th. Some cases treated by the writer illustrative of the various operative methods resorted to for their complete and successful removal.

In 4,000 cases of rectal diseases treated as outdoor patients, at St. Mark's Hospital, London, Mr. Allingham found 969 to consist of hæmorrhoids. We find hæmorrhoids in middle life and in old age, rarely in childhood. Few persons entirely escape them in some form. Any cause which determines the blood to and prevents its return from the pelvic organs favors the production of hæmorrhoids, and the oftener these determinations of blood occur to the rectum, the greater is the likelihood to form piles. Constipation and straining at stool always tend directly and remotely to produce the condition. Straining to expel the hardened fœcal mass, sometimes from habit and from diarrhœa, or from an old dysentery; from stricture of the rectum or of the urethra in male; from prolapsed bowel, from the presence of stone in the bladder, drastic purgatives, enlarged prostate, enlarged or pregnant uterus, as well as a retroverted uterus, all these contribute to the formation of hæmorrhoids, and after the parts have become strangulated a few times it is an easy matter for them to become irritated each time the patient goes to stool—in some instances the bowel becoming so relaxed that more or less prolapsus exists all the time, likely to be aggravated by friction from the clothes and by the effort of walking and working in the erect posture.

1st. Just within the internal sphincter the bowel is supplied by hæmorrhoidal veins which are distributed in the submucous tissue of the lower part of the rectum. These veins show better when they are congested and form a network about ¾ of an inch long and consist of different-sized veins, chiefly arranged longitudinally and in clusters. This plexus of veins does not descend below the external sphincter muscle, but branches off, passing between the fibres of the internal sphincter muscle to descend along the outer edge of the external sphincter close up to the skin. When these veins are enlarged or varicosed they give rise to what we call *The Piles—Internal and External Piles.* We call them internal when the venous plexus beneath the mucous membrane of the external sphincter is dilated or varicosed; but when the *integuments outside* the external muscle have enlarged veins, we call them *External Piles.* Both forms may occur in the same person, the external sphincter forming the dividing band to separate the two.

There is a difference in structure. In Internal Piles the veins are irregularly dilated and filled in places with clots more or less hard. The veins are of different sizes. A bunch of them lying in the pouches of the longitudinal folds causes prominences of the mucous membrane, so as to deepen the pouches between these folds. In old cases of Internal Piles the mucous membrane and the submucous and areolar tissues become hypertrophied, the arteries, as well as the veins becoming thickened and toughened—often an inch or more in length, and in Internal Piles the mucous membrane not only hypertrophied but increased in vascularity, nor is the hæmorrhoidal disease always confined to the smaller veins of the lower end of the bowel, but as the disease advances, the large veins higher up become varicosed. These dilated veins in Internal Piles are less supported than in External Piles, which latter have their mucous covering to partake of the nature of skin and thus form a better support.

Before the integuments have become thickened in the early stage, there is a soft elevation in the skin of a bluish color near the margin of the anus, which is only a swollen varicose vein. Later on a fold of skin with a broad base encloses a dilated vein, which is filled with a dark coagulum, and several of these growths form a ring about the anus. When these lumps become inflamed the skin and cellular tissue become thickened, feeling as large to

the patient as a walnut, but rarely larger than a small hazelnut, though causing intense suffering. If after the inflammation subsides the veins become obliterated by the deposit of lymph, or by the process of suppuration, the folds shrink up and form into mere flaps (tabs), which may give no more trouble except perhaps to cause occasional itching, or form now and then the seat of fissure or possibly a small fistula in ano. The writer has known fistula to open beneath a tab.

Repeated attacks of inflammation of the hæmorrhoidal veins render their coats weak and form true varicose veins. They may grow in length as well as breadth, may become tortuous, and the coats as well as the connective tissue between them become tough and thick as seen in varicose veins of the leg. The arteries thicken as well as the veins, and the mucous membrane and skin all become hypertrophied by repeated inflammations.

Hæmorrhoids are more frequent in men than in women for obvious reasons, despite their liability to occur after childbirth ; in men the straining in difficult mictruation being enough to more than equalize the likelihood in the two sexes. Anything which causes straining will force the pile to protrude. The part may become congested, which may go on to inflammation with great pain, heat and strangulation of the protruded portion and even sloughing of the pile. If suppuration occurs the pain is great, but it does away with the pile for some time, and if the sloughing is complete, the pile is emptied. It is rare to find bleeding from external piles. Like the internal variety they may exist for years, and cause no trouble. Internal hæmorrhoids may give no pain, but they are apt to bleed more or less each time the patient goes to stool, the greater the number, the larger and more inflamed the pile, the greater will be the loss of blood In some cases there is but an oozing from the surface of the hemorrhoid, but generally there is some arterial with a greater amount of venous blood. Often in internal piles there is much itching and smarting inside the bowel. If small, the pile will not protrude, if large and old it protrudes each time the patient stools. Unless large or much inflamed the pile returns of itself within the bowel, otherwise the patient finds it necessary to push it back after bathing and greasing it. In most cases the elasticity of the tissues and the contraction of the sphincters keep the pile up in sitting and walking positions. In old people, the

women who have borne many children, and the persons of feeble health and of flabby texture, the sphincters have lost their grip, allowing the pile to protrude, and so prevent the exercise necessary for health. In such cases the protruding piles are rounded, of a purple hue, of a soft fleshy feel and very vascular. When not much congested they resemble red flannel and are granular like a raspberry on the surface. Irritation and pressure render them tumid and abraded, and they give off a free mucous discharge mixed with blood which soils the linen, causing it to stick to the parts in sitting or walking. Pain and protrusion are at times so great that the patient cannot sit with comfort. Now and then an enlarged pile is seen constantly showing its reddened end just outside the anal ring and yet no pain be felt until the part become inflamed, when the tumor becomes caught up by the sphincter and strangulated, when the pain becomes intense. When the surface of the hæmorrhoid is ulcerated the pain is greater. If piles caused simply pain habit might tolerate them, but they do more. They exhaust by repeated and continuous hæmorrhages, causing anæmia and a dread to go to stool. Yet the patient knows that to hold his foeces is to get himself into costive habits and to pass it is certain pain and protrusion with the loss of more blood. Nor is the pain confined to the rectum, for the urinary apparatus sympathizes, and the effort to empty the bladder induces piles.

Enlarged prostate is apt to cause irritable rectum, just as is the presence of stone in the bladder and of stricture of the urethra.

After relieving an enlarged or inflamed prostate or a stricture the hæmorrhoid will often lessen and give but little after trouble. Enlarged prostate will often cause or attend on piles, for the contiguity and sympathy are great. It is rare to find a case of old piles in a man without his suffering also from enlarged prostate and irritation of the neck of his bladder, and in most cases the piles get the blame when the enlarged prostate is really the original cause. Many a person with piles will suffer no special inconvenience until some trifling with natural laws brings on suffering, as costiveness, too free purgation with drastics, or from some excess in wine or women, too much walking or standing, or some violent effort at straining or lifting, which tend to greatly contract the abdominal muscles. Laboring men are less prone to hæmorrhoids than the luxurious professional man who eats rich food, who takes

too little physical exercise and who enfeebles himself by brain work, stomach work and sexual indulgencies. Wine is an active producer of piles. Both varieties of hæmorrhoid are liable to inflame even to the extent of suppuration, and the abscess may and generally opens and there is an end of the *present trouble*, but the pus may burrow beneath the cellular tissue and open out at the rim of the anus or under one of the tabs which are left from a former attack, thus leaving a small fistula in ano. Cases have occurred where such a small fistula was found with a large internal pile, the fistula leading up into the base of the pile. This is generally the mode of formation of fistula, except where the track is the result of an abscess from a bruise. So long as internal piles do not protrude they are not likely to become strangulated, but if they are large they are sure to protrude at some time when the irritable sphincter closes firmly on them and they become first tense, then purple, deep violet and finally strangulated, which occasions sloughing unless returned early into the bowel. This is a good enough ending so far as the pile is concerned, but the suffering is great. Hæmorrhage is the most frequent inconvenience of internal piles, and this is apt to be repeated each time the bowels move. The bleeding varies in amount, at times in jets, again by free venous oozing, from a few drams to as many ounces, the pile increasing with age and its arterial vessels growing pari-passu with the tumor. At first the bleeding occurs only with a costive motion, after a while with every stool until the system becomes anæmic from the continued loss of blood, the patient rarely having sufficient appetite to keep the blood replenished. This brings on increased debility with flabbiness of the tissues, allowing the enfeebled bowel to yield to the strain and pressure of the pile, which in time comes down to remain. The patient loses healthy color, assumes the waxen hue as of cancer trouble, has a feeble quick pulse and becomes nervous and melancholic with little hope of relief. He feels the fatigue of walking, cannot get up stairs or up hill without trouble in breathing, and by degrees the limbs become oedematous. In very plethoric people, with short necks, this hæmorrhoidal loss may stave off an attack of apoplexy, but this is, perhaps, but little comfort, as a low diet would effect the same purpose without the suffering entailed by the bleeding piles. Some think their piles keep off consumption, yet consumption finally takes them off, the sooner even for having piles.

In bleeding piles careful examination will reveal a velvety mass, showing where the bleeding comes from, and in some cases the end of the artery may be seen spouting out its jet from the side or end of the pile. It does not follow that the vessel shall run full length of the pile-tumor, but may stop anywhere, or run along its side or anywhere about its base. Such a hæmorrhage exhausts sooner than the venous hæmorrhage oozing from the purple surface of the growth. In two cases of arterial piles the writer has seen the arterial blood spurt on the wall, but this rarely happens.

Treatment.—If the hæmorrhoid is small, the treatment is simple, generally sufficient to give close attention to the mode of living and to avoid costive food, little wine, moderate exercise and not to be too long in the erect posture. Keep the bowels carefully regulated—not too loose, but soft; an occasional saline purgative; an electuary of sulphur and cream of tartar, or of sulphur with Rochelle salts, avoiding too much opening medicine to *start* the liver, as if the liver was responsible for every case of piles. Often a Lapactic pill, or a Topliff opening pill, an occasional tablet of $\frac{1}{10}$ gr. of calomel with soda, say one twice a day before eating *just* to soften the stools; the compound liquorice powder before meals to give soft action, fruits, but not berries, stewed apples or peaches, corn bread, stewed prunes as we see on the Atlantic steamers. Keep the pile bathed, if it protrudes, with cold water or alum and water, ofter each action. If the pile is angry and inflamed, keep the patient on his bed if possible. If there is but one *external* hæmorrhoid and of no great size, open it freely at its outer side with a very *keen* bistoury or abscess lancet, and turn out the clotted blood. If necessary, give him a few whiffs of chloroform and *cut quickly*. The pile then shrinks up into a small fold of membrane, half skin and half mucous tissue. The splitting relieves the tension and the pain at once. If there are several piles, if external and the patient will not permit you to incise it through, the writer has found service in applying hot laudanum and water equal parts to the anus, keeping it there on a soft cloth as long as allowed. Again an injection of ¼ gr. of morphia near the seat of pain will allay the suffering, though the rectal nerves seem to be the last to respond to anodynes. When the hæmorrhoid is internal and much inflamed and even strangulated, replace it as best we can and then inject after a little while 40 drops of

the Tinct. Opii in 1 oz. of starch water, neither cold nor hot—moderately warm is most pleasant and most likely to be retained. When the laudanum injection cannot be given, as sometimes in females from modesty, a suppository of 2 grs. of opium, or 1 to 2 grs. of the watery extract will be retained and afford relief—the injection is decidedly preferable. In internal hæmorrhoids where operative action is not allowed, the writer has found much relief afforded by the Rudy suppository, consisting of Iodoform, Opium and Belladonna, prepared by Mr. Martin Rudy, pharmacist, of Lancaster, Pa. We recall just now the case of a lady with internal piles, who finds more comfort, she says, from this suppository than from any treatment she ever tried. Indeed, when living afterwards in London she wrote over to have them sent to her, assuring the writer she could find nothing abroad which gave her such speedy and complete relief. They do well also, in Itching Piles. If possible, the best time to operate for hæmorrhoids is while the patient is suffering, and for external pile the best plan is to excise it with the curved scissors or the bistoury. It saves time, relieves pain and the prospect of recurrence. It is best for the patient, but a losing game for the doctor. If the tissue is abundant, it is best not to yield to the temptation to remove too much of an external pile lest we find too much contraction and constant pain after. A bit of lint moistened with a little of the powdered persulphate of iron will stop hæmorrhage, but leaves an ugly black mass for the clothing. If a vessel is seen jetting, secure it, even if you have to take up a fold in which the little vessel rests. If the pile is ulcerated this is the only way to get rid of it, for it will not heal and *will keep* the sphincter in a state of irritation.

Internal hæmorrhoids are more to be dreaded from their tendency to exhaust the patient from hæmorrhage. Cold injections will now and then stop the bleeding; a suppository of ice, the cold water injection, had best be used just before going to stool, so that the patient may lay down after his action. Alum, sulphate of zinc or tinct. of Chloride of iron, will render the injection more astringent. Cold decoctions of white oak bark or of sumac do well, and it is handy to keep it in the water closet. Let the patient avoid constipation by taking Ward's paste. It softens the stools and gently opens the bowels. Too much injecting impairs the tone of the bowel—sulphur, or sulphur with cream of tartar will

effect much good in rendering the bowel softish. Sir Benj. Brodie tells of a patient who, finding relief from Ward's paste of black pepper, &c., thought he would do still better to apply it direct to the seat of the pile, so he filled the rectum with it and the happy result was a cure.

When we find a granular, mulberry-looking surface on the pile, a lump of copper sulphate gently rubbed over it will afford relief. Nitrate of silver, 10 grs. to the ounce, will soothe the inflamed internal hæmorrhoid, and a 60 to 120 gr. solution will turn it gray and cause it to shrink up because of the great affinity of the acid for moisture. If there is great irritability about the rectum, common copaiva may be given in dram doses with a little liq. potass. In using pure nitric acid, there is little pain unless the skin is touched; a match answers to apply the acid, taking care to control its extent. Vienna paste is too painful, except in the most careful hands. To replace a protruding pile, seize it gently, squeezing back the blood to lessen its bulk and carefully push it up *beyond* the sphincter. If not too long down or much inflamed this plan will usually effect its reduction, but if it fails to go up the surgeon may partially empty it by pricking it with a needle in several places. Added to this he may apply a cloth wetted with ice water and Tinct. Opii, or with a cold solution of the watery Ext: of Opium, or with a strong solution of Ext. Opium and Belladonna. In an hour the swelling will lessen and the tumor may return of itself, or can then be replaced within the bowel. If the pile should slough, there is no great harm except the pain, as it removes the trouble for some time. Poultices sometimes do good, but are filthy. Warm water and laudanum will do just as well, and are more cleanly. When the patient is willing to have the piles removed (internal), there are several ways of accomplishing their removal. This we may do by the injection *into* the body of the tumor of various fluids, as carbolic acid alone, or it with ergot, or Tinct. Opii. In some cases this plan does well, in others it is ineffective, at least it is hardly a scientific procedure. The handiest method would be to snip them off but for the fear of hæmorrhage, and this can only be done in the pedunculated variety. Many piles are sessile and lie close up to the side of the bowel. In large piles we always find an artery ready to give us a world of trouble if we cut right through the pile without proper precau-

tions. Smith's plan was to embrace the tumor in a clamp, cut it off and apply the cautery outside the clamp. Dieffenbach's plan was to pass a double ligature through the base, then grasp the pile with forceps and snip it off between the ligature and the forceps, then tie the ligature, and he was safe from hæmorrhage. Allingham's method is to pull out the pile, snip off the sides of its neck and place a stout ligature around it, cutting off the distal end. All these plans are good where we have a pedunculated tumor, but in flat piles we find the clamp best, with or without the cautery, the hot iron, or the electric knife. When the pile is flat we often find more good from the nitric acid used with care. We may apply a small clamp and place two to four sutures beneath and cut the pile (in flat piles) off outside the face of the clamp, tying the sutures *lightly* so as to close up the wound.

Dr. Houston, of Dublin, in 1843, used the strongest nitric acid so as to destroy the integrity of the florid vascular pile at one sitting, then smearing the surface with anodyne ointment. All this to accomplish it thoroughly requires *full* dilatation of the bowel. The ligature is the most satisfactory for removing internal hæmorrhoids if the patient will allow and the nature of the growth admits of it. Usually with the acid several applications are necessary and with the injection we find a slower process but one in which we can take our own time, injecting one at the time and repeating say every five days. More or less suffering attends all these methods—less from the injections, next from the acid, but under chloroform and the bowel *well dilated*, it need not be very painful, the full dilatation giving room to manipulate and *prevents spasms* afterwards. An anodyne suppository or the laudanum injection full strength will prevent much after pain and tenesmus of the neck of bladder.

A few cases may illustrate the text above.

Case 1.—Lady 70 years of age, had prolapse of rectum for years with prolapsus of uterus. Whenever she sent for the writer the hæmorrhoids had ceased. Tired of going so often to no purpose, we gave her an enema of hot water, which started the bleeding fresh, the arterial jets spattering the bed clothes. The bowel was stretched, the large internal hæmorrhoid brought down and a double thread carbolized was passed through its base. The pile

was returned and *not cut* off. In six days she passed it in the chamber as large as her thumb. She made a speedy recovery.

CASE 2.—A gentleman aged 35 years, now in Philadelphia, was a great sufferer as he said from fistula. He had no fistula, but two hæmorrhoids, sessile, broad and long up and down the back of bowel. Under chloroform the bowel was completely dilated, and with the assistance of Dr. B. F. Leonard, a clamp applied with three suture threads beneath and the piles shaved off on the face of the clamp. The blood here jetted several yards. This gent made a good recovery. He had very slight bleeding on third day, but it required no special attention.

CASE 3.—A physician over 60 years of age, very feeble, no color, exhausted from bleeding. He had fistula also, with distressing prolapse and much straining in urinating. Under chloroform the bowel was stretched as far as could be, having tubers close together. The fistula was incised, and a hæmorrhoid very flat but tough was found high up on posterior side of bowel, which was rubbed once with the nitric acid and well smeared with anodyne ointment. This case was longer in recovering than the others, but did recover entirely.

CASE 5.—Gentleman, ae. 63 years, much emaciated from pain, loss of blood and loss of sleep. He had been under a specialist who advertised to cure all cases without operation. He had prolapse to such a degree that he did not remember when "the bowel had been up to stay." He got up to urinate 20 times each night and suffered greatly from spasm of neck of bladder and with enlarged prostate. After a week's tonic treatment with iron and bark tinct. and injections of strychnia and ergot along the nates daily, the hæmorrhoids were injected *one at the time*. In two weeks the tumors had sloughed off and the prolapsed bowel returned of itself. He returned to his home in another State and died a year after of phthisis, from which he had suffered many years.

In the writer's experience, each case of hæmorrhoids must be a study of itself and treated for itself, whether of piles alone or of piles with one or more of its complications, of which there are legion.

Dosimetric Treatment.

By JOHN H. POOL, M. D., South Mills, N. C.

To illustrate my article on "Dosimetric Medication," in the April number of your journal, I submit the following report of cases taken from my note book:

Case I.—Called to see A. M., aged 25 years, January 12th, 1894. One week ago he was taken with influenza, and on the night of the 11th had such a high fever, difficulty of breathing and delirium that the family determined to call me the next morning.

Found the patient with a temperature of 104° F., pulse full and bounding 88 to the minute, cheeks flushed and respiration rapid; a short, hacking cough with tenacious, rusty sputa; and a dull, heavy pain in the right side, which somewhat interfered with breathing. Could not easily take a long breath, but the attempt was not suddenly checked, as in pleurisy. There was headache, with pain in the back and limbs, and nausea even to vomiting. Upon physical examination, there was dullness on percussion; respiratory murmur feeble, and crepitant rale.

In the treatment of pneumonia, I know there is a great diversity of opinion as to the use of Veratrum Viride, or its active principal Veratrine; but I would as soon treat a case of ague without quinine as an acute case of pneumonia without Veratrine.

Treatment.—Aconitine amorph., gr. $\frac{1}{134}$; Veratrine, gr. $\frac{1}{134}$; Digitalin, gr. $\frac{1}{67}$. Granules of this combination are prepared in one granule, and one of these was directed to be given every thirty minutes till effect. This combination will help nature to re-establish the natural circulation and remove the exudates, for the Aconitine will relieve the blood pressure by dilating the capilaries, the Veratrine will assist the Aconitine by slowing the heart and dilating the abdominal vessels, and as Dr. H. C. Wood says, "bleed the man into his own belly," and the Digitalin will add force to the circulation and prevent exudation.

External warmth was maintained by keeping the patient well covered in bed and sinapisms applied, under a thick jacket of raw cotton, to the effected side.

In addition to the above, two granules of Codeine, gr. $\frac{1}{67}$ were given every half hour with the Aconitine, &c., to produce quiet

and relieve pain. Directed a dessertspoonful of Seidlitz salts to be given in the morning to flush out the bowels.

January 13th.—Found patient with all the symptoms ameliorated, with temperature 100° F., pulse 85, respiration easier, and pain much less. The annoying cough of yesterday was easier and the expectoration not so tenacious and fuller.

Continue same treatment, only giving the Aconitine, Veratrine and Digitalin, one granule every hour.

The attendance was continued until the 17th, when the patient was discharged convalescent. The third day the Veratrine was discontinued, and Strychn. Arseniate, gr. $\frac{1}{181}$, was substituted for it, in the defervescent compound. The Codeine was given throughout as required. Every morning the Seidlitz salts were given, and thus the bowels were washed out and no irritating accumulations allowed to form.

In the treatment of this case no quinine, antifebrin, antipyrin, &c., were given, and the pulse and temperature were kept as near normal as possible by the defervescent compound.

Case II.—Called on the night of January 18th, 1894, to L. J., a robust young man, aged 19 years. This was a "frank, sthenic, hard" pleuro-pneumonia, and came upon the young man as with the bound of a lion, felling him as with the blow of an axe. Here was a case in which our forefathers would have used the lancet, and with the skill and dexterity for which they were noted, and with unblanched cheeks watched the flow of the red current of life until an effect resulted. The temperature was 106° F., pulse 130, respiration 30, short and jerky. The patient could not get a long breath because of the sharp pain in the left side. The pain was fixed, circumscribed and constant, but increased by a deep inspiration. Physical examination revealed all the characteristics of the disease, and he was in a pitiable condition.

The same line of treatment was pursued as in the first case, only the defervescent granules—Aconitine, Veratrine and Digitalin—were placed in the hands of an experienced nurse and directed to be given every fifteen minutes till effect. For the pain:

℞ Morph. Sulph..... grs. iv.
Pulv. Ipecac..... grs. vi.
Calomel..... grs. xii.
M. F. pil. No. xxiv.
S. Take one pill every two hours until patient becomes quiet.

January 19th, 4 p. m. Found the patient with the temperature, pulse rate and number of respirations much lowered, temperaturs 99° F., pulse 80, and respiration 20. The "stitch in the side" entirely relieved, the kidneys more active, the skin moist and the tongue had lost its dryness. Yesterday "the floodgates of the skin, the liver, kidneys and intestines were closed tightly, and amidst the raging heat of fever scarcely a drop of water was exhaled until vaso-motor spasm was allayed and vascular relaxation was induced," now, "universal heat dissipation and secretory action are restored. (Bedford Brown, M. D.) From this time onward improvement progressed, when on the 24th, *six days after the attack*, the patient was discharged convalescent.

Without positive evidence, I believe that if this case had been seen one day later it could not have terminated so favorably. In it the equilibrium of the blood supply was destroyed because the vaso-motor nerves were not acting in harmony. There was congestion in one part and anæmia in all the other parts of the body. Aconitine relieved the blood pressure and restored harmony to the circulation, assisted by the veratrine in slowing the heart and dilating the abdominal vessels and the digitalin gave force to the circulation and prevented exhudation. The congested organ is thus relieved, "an inflammation is prevented, a disease aborted." Will any one say that pneumonia is a self limiting disease and will do as well under the *medocine expectante* plan as under the method outlined above?

Case III.—Called to see N. S., aged 30, March 12th, 1894. This man had been confined to his bed one week before I was called and had been taking quinine liberally during that time. Had also taken antikamnia and salol (self prescribed) in connection with the quinine. Found him with hot, dry skin, slight epistaxis, anorexia, some tendency to dysentery, no gurgling in right ileac region, no tympanites or tenderness of abdomen; headache and general neuralgic symptoms of head and extremities. Temperature 103° F., pulse 90, with slight bronchial but no lung trouble. Insomnia and jactitation.

Typhoid fever was eliminated, many of its pathognomonic symptoms being absent; no periodicity, but from the history, the above train of symptoms commenced and continued from the beginning of the attack to the present, increasing every day.

In the observance of fever our professional lives are largely spent. There is hardly a day but that we are called to battle with its ravages and witness its destructive influences. Prof. Dickson used to say that he felt towards pain like he did towards a snake; it was his duty to kill it; so with fever. If we could divest disease of this single phenomenon, in most cases, we could overcome it and control morbid action. Dr. Bedford Brown, of Alexandria, Va., in an exhaustive report to the Medical Society of Virginia, held in October, 1881, says: "In high grades of fever there is manifestly spasmodic excitement of the vaso-motor and sympathetic systems and tense contraction of the external and internal capillaries, as denoted in the partial suspension of the secretions." * * * * "For relaxation of vaso-motor spasm and the promotion of rapid heat dissipation, with vascular dilatation in pyrexia, the action of aconite and veratrum viride is remarkable."

In this case could I, with justice to myself and my patient, wait for "the disease to develope" and in the meantime give placebos or something worse?

Leaving my thermometer, I directed that the defervescents—aconite, veratrine and digitalin—be given every thirty minutes until the temperature fell to 100° F., when they should be given every hour until it fell to normal, keeping it so by the administration of the granules *pro re nata*. For the bowel trouble give one granule every hour of Morphia Sulph., gr. $\frac{1}{134}$; Emetine, gr. $\frac{1}{250}$; Camph. monobrom., gr. $\frac{1}{12}$, until checked, then less frequently.

March 13th.—Mr. S. had had a good night's rest. All the symptoms had so much improved that I suspended yesterday's treatment and put him on Quassine, gr. $\frac{1}{67}$, three granules *t. i. d.*, together with iron arseniate, gr. $\frac{1}{67}$, two granules three times a day with the Quassine.

The result of treatment in this case surprised me, accustomed as I am to the wonderful results of the dosimetric plan of treatment. Thinking that the history of the case might be defective in some point and that it might be a case of tertain intermittent fever, I left and promised to see him next day, which I did late in the afternoon. No rise of fever during my absence, the patient is sitting up and with all indications of continued improvement. The patient was discharged but ordered to continue the Quassine and Iron arseniate for a few days.

The above cases are *not selected* ones. The pneumonia cases were the only ones we have had in this section and this report is made from notes taken at the bedside.

A Review of Anæsthesia and Anæsthetics.

Upon Works of Eminent Anæsthetians.

By J. J. CALDWELL, M. D., Neurologist, and Expert in Medico-Legal Proceedure.

'Still a fourth cause will be wrongfully attributed to the anæsthetic, should it occur during the act of vomiting. If the patient be allowed to remain upon his back during emesis, and be not rolled over upon his side or face, some of the contents of the stomach will pass downwards from the pharynx into the trachea and cause death by suffocation. Autopsies are not often thoroughly made after supposed death by anæsthetics. Usually the brain, the heart, and the kidneys are examined, and possibly the stomach, liver and the bladder, but not the throat and larynx. But in one recently reported death during chloroform inhalation, in which a patient suddenly expired immediately after the act of vomiting, the larynx and the trachea were found packed with food ejected from the stomach. In another case in the University College Hospital, London, of death following vomiting under ether during an operation for strangulated hernia, the autopsy exhibited stercoraceous matter in the trachea and right bronchus—again, a case of death at the hands of a careless administrator in his bad manipulation of the patient, and not from the anæsthetic. The fifth cause of death from both chloroform and ether, probably the most common of all, has been more active of late years, being rendered so by the unsettling of the former confidence which surgeons have had in the safety of anæsthetics. In the present timidity surgeons do not now push the inhalation to the degree of suspending the functions of such parts of the cerebro-spinal system as preside over the emotional, sensational-motor, and reflex acts; the only condition recognized as one of perfect safety in chloroform and ether anæsthesia. I refer to that condition in which peripheral irritation can no longer be transmitted through the cord to the brain, and then back by the vagus and pneumogastric nerves, to the cordiac ganglia. Any condition

short of this stage of temporary suspension of reflex agencies leaves the heart exposed to those serious inroads from peripheral irritation through which its movements may be suddenly and permanently arrested. Such fatal results are identical with instances of nervous shock so familiar to operators in former times, and then deemed a sufficient explanation of death under the circumstances. In this way can be satisfactorily classified the many deaths under anæsthetics for trivial operations, as tooth drawing, opening of abscesses, etc., when only enough of the agent was inhaled in the sitting posture to partially stupefy, but not to protect against reflex accidents from emotional or peripheral excitement. In this class are placed those many fatal cases during the more serious operations in which the timidity or anxiety of the surgeon, with unsettled confidence in the article he is using, induces him to arrest the inhalation before the period of safety has been reached. He commences the cutting operation with the vital organs all exposed to injurious reflex peripheral irritation, and under the cloak of an anæsthetic, without its protection, invites disaster. Hence it is that an operator, who has once been frightened by anæsthetics, continues to have accidents which do not occur to others who, never having seen trouble, administer the drug boldly. Timidity here must be classified with ignorance, both being dangerous negative qualifications for successful surgeons. When death occurs under these circumstances the fatal result is not to be attributed to the anæsthetic, but, on the contrary, to the want of it; clearly a defective administration, induced by unwarrantable and unworthy fright on the part of the operator.

'Under this heading I would also class the deaths said to be occasioned by heart diseases under the inhalation of chloroform. Richardson, of London, after a critical examination of the various diseased conditions of the body said to be hostile to the administration of chloroform, and especially after naturally considering the many varieties of heart disease, including valvular growths, vascular contractions, cordiac hypertrophies, stenosis of heart orifices, and, in fact, the entire list of heart troubles, sums up his experimental observations with the following remarks: "On the whole, the only diseased condition which I could give as a warning to practitioners from exceptional danger in the administration of chloroform is the diagnosis of a dilated and a weak right heart.

And then stated that in one such case he had forewarned the surgeons, who then gave chloroform and had a fatal result. But what guarantee have we that the patient with such a heart would not have succombed to the operation itself? These heart conditions are so prone to syncope that anæsthetics are needed during painful operations to prevent the fatal emotional shock. In such cases we recognize the necessity for a cordiac stimulus, whiskey, which may have prevented the fatal issue.

'Diseased conditions of the heart; regardless of kind, may make this important organ peculiarly susceptible to syncoptic influences when reflex action has full sway; hence, we find violent emotional excitement a fruitful cause for mortality in the subject of heart disease. Many such persons having to undergo painful surgical operations in former times, from the introduction of chloroform, suddenly collapsed with the first incision; and they still die as of old when they are not properly protected by complete anæsthesia. Should chloroform be freely given to patients with heart disease, regardless of kind, who must submit to painful operations for the cure of some surgical affection, by its liberal use they are put in a condition of safety against all emotional and reflex annoyances, without which they could not escape trouble.

'I look upon chloroform as the strong bridge which will conduct patients suffering from serious heart diseases safely through serious operations. As a surgeon in large opthalmic practice, I frequently am compelled to perform the most delicate and painful operations upon the eyes of timid patients suffering from heart disease in its various forms. Cataracts occurring usually at an advanced age, most frequently between 60 and 80 years of age, are often associated with organic diseases of the heart in patients enfeebled by senility. I never refuse to give such patients chloroform; on the contrary, I urge its use. The only difference that I make in such cases over other patients is, if possible, by exercising more care in establishing the safe stage of complete anæsthesia through the liberal use of the drug. From the standpoint of my own personal experience I know of no organic lesion which contraindicates the careful and thorough administration of chloroform.

'The sixth cause of death during the administration of ether or chloroform is from excessive administration. No one can doubt for a moment that chloroform and ether possess toxic action, and

that, in common, with all other active agents in medicine, the danger is dependent upon the size of the dose used; also, that the dose of an anæsthetic can be made large enough to kill, by enfeebling and, finally, paralyzing the nerve centres from which the heart and lungs draw their inspiration. This class of remedies is clearly cumulative, and, when enough has been enhaled to cause a suspension of voluntary motion, sensation, and reflex action, if their administration be continued, instead of being suspended, an amount can be consentrated in the circulation quite sufficient to stop respiration and the heart's action.

'As I have said before, there is a broad gulf between that degree of anæsthesia which only suspends so much of cerebral action as still allows full play to the vital organs a perfectly safe condition of surgical operation and that fatal over dose of the anæsthetic for which there is a suppression of the cordiac centres of inervation. Surgeons often employ ignorant assistants to administer the anæsthetics, who conceive it to be their duty to keep a saturated cloth to the nose of the patients, and they know no stopping point. They are told to give the ether, and they show neither judgment nor discretion. Unless watched by the surgeon, whose attention should be concentrated elsewhere, they go on applying the vapor in spite of complete narcotism. Fortunately, the elimination of the gas from the blood through the lungs is so rapid that by removing the towel a very few minutes, expirations will reduce the amount in the system to a safe standard and dissipate the threatened dangers. When, through this over dose, the vital functions are suspended, the killing should be put to its proper cause—an over dose through ignorance; another clear case of mal-administration."

"The effects of anæsthetics," says Claude Bernard, "depend on the immediate influence exerted by the drug upon the sensitive elements of the nerve centres in virtue of which their properties are temporarily suspended. In cases of idiosyncrasy, these functions, so essential to life, become permanently suppressed and yet, with the death of the individual, the changes in the nerve elements are of such a nature that so far they have altogether escaped detection by pathological investigations."

Says Chisholm again: "I will add my own individual experience. I have been practicing surgery twenty-five years, and have used

chloroform largely during that entire period in private and hospital practice; in the army as well as in civil life, and have administered it to the extent of fully 6,000 cases. For some years I have administered it on an average of at least once every day. I have given it to the very young and to the very old; to the very strong as well as to the very weak; to the healthy as well as to the extremely diseased, regardless of the organ in which the trouble may be located.

I have seen patients thoroughly anæsthetized by a half-drachm of chloroform, and I have used an entire pound upon an individual before I could secure full narcotism, and I have had occasion to keep up the anæsthesia as long as three hours at a time. I have accepted Syme's axiom, and given chloroform to everyone, regardless of viscerial complications, who has applied to me for a serious surgical operation, and I have yet to see the first death, either in my own practice or that of my friends.

Now let us sum up the evidence which I have collected, and here we find an array of over 250,000 administrations of chloroform, with 12 deaths; even attributing them all to idiosyncrasy, which calls for a most unbounded charity, and we only have one death in 20,000 cases. Can any stronger proof of the excessive rarity of the fatal idiosyncrasy in chloroform be needed? There is no remedy really good in medicine which is not capable of mischief. More persons are killed every year from the abuse of opium than have been attributed to chloroform from its discovery even to the present time. Deaths from opium in England alone number three hundred a year. How many hundreds are to be added to this, occurring under the careful administration of skilled physicians, we can easily conjecture. Yet who proposes to substitute for this king of drugs any milder narcotics? We are ready to accept the comparitively small fatality for the immense good it accomplishes. How often, during the summer, do we find in the daily papers reports of healthy persons dying suddenly from the too liberal potation of ice water, yet who would listen with any patience to the so-called philanthropist who would wage war against this universal beverage? It has been stated that more persons are killed by slipping on fragments of orange peel in the streets of London than from the inhalation of chloroform. No one suggests the distruction of orange groves on this account; no one

finds fault with the laws of gravitation because persons continue to fall down and break their legs or necks. It is unfortunate for the individual, but the great laws of nature must ever go on, and the great designs of the Creator enjoyed with wonder and astonishment. Shall we give up the use of horses or steam because accidents happen from both? Would we have all the rivers dried up because now and then a drowned man is fished out of them? The great discoveries are for the good of the many, not for the few. You cannot avoid every danger and supply every good. With anæsthetics, the little risk, infinitesimally small, is immensely counterbalanced by the protection from the very many dangers during operations, so well known and so often experienced when operations were performed without them. Chloroform, when judiciously used, is one of the safest active remedies of the materia medica, supplying nearly every good and avoiding nearly every danger. The greatest gift of God to man through natural science is chloroform."

Says Hodgkin: "A resume of the attitude of the professions of Medicine and Dentistry on the subject of anæsthetics and their value and action may here be given, and as dentists you are naturally so strongly interested in the subject as to justify an expectation that this will be complete, and yet it is a difficult thing to do; for science, though so exact, is yet various in the enunciation of her dogmas through her chosen apostles. The unanimity of division between the Northern and Southern sections of our land on the relative danger of ether and chloroform, is well known. The wave which seemingly threatened the destruction of the chloroformites was driven back by the accident of the late civil war, which proves that the large percentage of deaths at the hands of those using chloroform in civil hospital cases, did not occur in the field and under average war circumstances. The advocates of ether still cling to that drug as *the* anæsthetic, claiming for its exemption from fatal effects in all but foregone cases."

From the pen of Prof. J. J. Chisholm, of Baltimore, and Dr. Segismund Waterman, of New York, have lately appeared original and thoughtful articles with information from recondite sources, on the subject of chloroform by the first named, and on the action of anæsthetics on the blood, by the latter, which are well worthy of a careful study by the surgeon. Most of you are so familiar

with both of these papers as to justify on my part the assumption of complete possession of the salient points of these exceedingly interesting productions; yet that I may refresh your memories, I recall their main features.

In all cases of fatal or untoward result from the administration of anæsthetics, and in the investigation of the causes which lead to casualty, we must carefully weigh the probable difference in handling cases in ordinary hospital and city practice, and surgical cases occurring in field practice.

Is the proper study of the field of anæsthesia found in the previous condition of the patient? Is some obscure change in the blood itself the cause of the anæsthesia and the accidental catastrophe? Or is it that to mere accidents as to position, dress or the method of administration we may ascribe the untoward result?

These are grave questions to be flippantly handled or hastily decided, and all honor to those who, in a true, scientific spirit, undertake their cautious, patient, slow solution.

Dr. Waterman brings to the aid of the pathologist one of the newest in application of scientific instruments in horological art—the spectroscope; and, with all the ardor of an enthusiast, attempts the demonstration of the problems of the life-in-death state of anæsthesia, as seen in nitrous oxide chloroform and ether. Special attention and prominence is given by him to the first-named gas, the administration of which his demonstration seems to prove fraught with danger, and which, he asserts, his clinical practice corroborates fully. To summarize: Blood seen under the spectroscope gives certain characteristic lines as beheld in the spectrum. These, as all other spectral lines, are constant and definite. No other lines could be mistaken for blood; nor could this be mistaken for any other organic substance. Oxydized blood displays a different spectrum from the de-oxydized blood, and putrid blood shows a spectrum peculiar to itself, unmistakably marked. The de-oxydized blood can be restored to a normal state by re-oxidization, and the changes that play through it are sharply defined and well understood.

On the other hand, blood which has been subject to the action of nitrous oxide gas and blood which has become putrid show precisely similar lines in the spectrum, and no manipulation can develope in blood acted upon by this gas, other lines than this

"death-line" of putridity, or its semblance, spectroscopically considered; and the conclusion which is reached seems an inevitable one, viz: that the changes wrought in blood by the protoxide of nitrogen and the distinctive changes which putridity sets up are identical. If there is fault with this theory, it must be set down to imperfect understanding of conditions; for the advocates and disciples of spectroscopy contend for its infallibility, and doubtless with justice.

We must guard this point by the observation that, while according to the spectroscope all that its most zealous advocates claim for it, we must bear in mind that its manipulators and interpreters are human, with human frailties; the most fatal of which to thorough research or candid scientific examination is the tendency to "jump to conclusions." It was Agassiz who claimed that not one man in thirty was competent to make the simplest observation; and we know the fatality which besets the most judicial of us, and from which not even a Tyndall can free himself of being able to see only that we are looking for.

The rationale of the action of nitrous-oxide is certainly obscure. The hurried respiration, the cyanosis, the staring eyes are fearfully suggestive of partial asphyxia, and mark unmistakably imperfect decarbonization of the vital fluid. On the other hand, the rapid recovery, the occasional cheerfulness, the absence or loss of tone, and, in a word, the speedy return to natural conditions as a rule, seem to indicate that no great morbid change can have taken place by virtue of the gas, and that injury is not so often apparent. The effect of these studies, however, is seen in the undoubtedly lessening use of the gas, and curiously, coincidentally with these investigations is seen a lessening demand for it on the part of the public. The studies of Dr. Waterman on chloroform and ether, spectroscopically, are of less moment as to satisfactory results. He considers as one of the dangers of chloroform, the retention of the vapor in the lungs, poisoning, much as does carbonic acid gas by displacement, its specific gravity being so great, and suggests as a remedy the inhalation of hot air. The paper of Prof. Chisholm, on "What anæsthetics shall we use?" is a special plea for chloroform, in which he takes the bold ground that the dangers to be apprehended from the administration of that drug are in inverse proportion to the profoundness of the anæs-

thetic condition and that reflex action is the cause of danger and death. The advanced ground is taken that as surgical shock in anti-anæsthetic days was the occasional cause of death, so now the same cause inheres, and as it was then manifestly due to the reflex disturbance then, that now the same reflex action and danger are to be and can be averted by profoundness of the anæsthetic condition. That weak lungs and heart are not contra-indication of chloroform, but that they even suggest a more vigorous use of the drug; as full anæsthesia will tend to overwhelm the centre of reflex action in the brain, etc., prevents disaster. This is suggestive of the commendation of Mr. Samuel Weller of hot punch, he sagely remarks, is the best thing in the world for the purpose, and, if it ever failed it was because the patient fell into the vulgar way of not taking enough of it.

(*To be Continued.*)

An Interesting Case.

I report this case for the many peculiarities presented. Its many symptoms show the many complications that arose during its course. Dr. W. H. Lilly, whose patient she was, and who is a physician of ability and experience, having been a close student of medicine for thirty-five years, remarked to me during her illness that he had never treated a case with as many symptoms of as many diseases, and none of these symptoms, taken as a whole, pointing to any specific disease. The patient had just past her sixteenth year. The flower of lovely womanhood had just begun to bloom upon her brow. She had a sweet smile for all the living, and many flowers are growing upon the graves of her dead friends as monuments of her sympathizing nature. Just one week before her death she remarked to her mother that there was something wrong with her tongue. Dr. Lilly was sent for and found her very nervous and excited, with slight aphasia. It was about time for menstruation, and this was thought the probable cause of her nervous condition. There was, however, a mere effort; a slight stain only appeared and was present at irregular intervals for two or three days. She spent a restless night and was not well enough to attend church the next morning, but did attend Sunday school in the afternoon, though her nervous nor general condition was

very much improved. Sunday night was a repetition of the night before. Monday she became wild and hysterical. Her whole muscular system seemed to be in motion The facial muscles were in constant action. There was tonic muscular action of the limbs. Her shrieks and cries could be heard throughout the house. She had a cough without expectoration. Chloral Hydrate and Brom. Pot. were administered in large and repeated doses, without any mitigation of the symptoms. She only became faint after the second subcutaneous injection of ¼ gr. Sul. Morphia. Tuesday her symptoms were all aggravated and her condition alarming. Wednesday her condition became pitiable in the extreme. Her face, eyes, lips, tongue, hands and feet, were in continuous motion. Chloral, Bromide, Bromidia, Valerian, Assafœtida, and Morphine, not only failed to produce sleep, but failed to produce even one moment of quietude. She only fell asleep after being thoroughly anæsthetized by chloroform. Her pulse was irregular from the onset of her illness, ranging from 110 to 125. Thursday morning her condition was slightly improved. In the evening, however, the thermometer registered 103° in the axilla; pulse 140. The temperature to this period of her disease had been normal. There was a slight remission of fever Friday morning. Her circulation remained at 140, and at 4 p. m. the temperature reached 103¾°, notwithstanding large doses of Quinine and Antikamnia. The pupils became unequal in size; the constant and tormenting thirst characteristic of cerebro-spinal meningitis was present to such a degree that she would drink anything offered her. Tossing and jactitation were so great as to require restraint. Constipation was obstinate throughout the attack. She became profoundly comatose early Friday night, and remained so till death, at 12 m. Saturday.

Concord, N. C. S. L. MONTGOMERY, M. D.

Gummy tumors of the breast are occasionally met with and often mistaken for schirrus, as they are hard, movable and globular, but rarely attended with much pain. Unless they are properly diagnosed and the appropriate remedies prescribed, the tumors soon soften and break down, discharging a thick and purulent fluid. The Elixir Six Iodides is a most happy combination for the special form of disease which has an unquestionably syphilitic origin.

Whiskey, in its relation to the human constitution, is unconstitutional.

Tablet Triturates.

A rare opportunity is offered the physician who dispenses Tablet Triturates. The Hall Capsule Co., of Cincinnati, formerly manufactured a full line of these goods according to the method suggested by Dr. Robt. M. Fuller, molding instead of compressing, thereby rendering them instantly soluble. Owing to the increased demand for their gelatine products, the Hall Capsule Co. have been compelled to discontinue making Tablets and Hypodermics and are now closing out their line, which, while broken, contains many staples. Send them a memorandum of the Tablets you use and if they are in stock they will make you "panic" prices according to the quantity you can use.

Liability of the Husband for Medical Attendance upon the Wife.

President Judge Hanna, in delivering the opinion of the Orphans' Court of Philadelphia, in the case of Waesch's Estate, says: The liability of the husband for medical attendance upon his wife, even although she has a separate estate, is too well settled to admit of argument. He is primarily liable, and her estate is liable, only in case he be insolvent. If any balance then remains for distribution, the expenses he should have paid will be deducted from his distributive share.

Prof. Laborde's Formula for the treatment of la grippe and pneumonia has obtained much favor in France, and is superseding the coal tar products on account of the latter being, in most instances, heart depressants. Labordine (formerly called Analgine-Laborde) is a purely vegetable product, manufactured from the original formula, and may be depended upon as a reliable antipyretic and anodyne. with none of the objectionable qualities of the coal tar products. Physicians unacquainted with this preparation, may obtain sample without cost, by applying to the Labordine Chemical Co., St. Louis.

"I don't see your husband with you so much as when you were in your honeymoon," said the clergyman, as he met an occasional attendant at his church. "Has he grown cool?" "Not if what you preach be true," she said, coyly. "He is dead."—*Blade.*

SYR. HYPOPHOS. CO., FELLOWS

Containing the Essential Elements of the Animal Organization—Potash and Lime;

The Oxidising Agents—Iron and Manganese;

The Tonics—Quinine and Strychnine;

And the Vitalizing Constituent—Phosphorus; the whole combined in the form of a Syrup with a **Slightly Alkaline Reaction.**

It Differs in its Effects from all Analagous Preparations; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs It has also been employed with much success in various nervous and debilitating diseases.

Its Curative Power is largely attributable to its stimulant, tonic, and nutritive properties, by means of which the energy of the system is recruited.

Its Action is Prompt: it stimulates the appetite and the digestion, it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and produces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE--CAUTION

The success of Fellow's Sprup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of these, **finds that no two of them are identical,** and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, **in the property o retaining the strychnine in solution,** and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. **Fellows.**"

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers sur rounding them) can then be examined, and the genuineness—or otherwise—of the tents thereby proved.

Medical Letters may be addressed to

Mr. FELLOWS, 48 Vesey Street, New York.

Charlotte Medical Journal.

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Articles intended for the Original Department of the Charlotte Medical Journal will be accepted only with the understanding that they are contributed to it exclusively.

"THE LABORER IS WORTHY OF HIS HIRE."

While our Divine Master was engaged in the land of Canaan, two thousand years ago, in healing the sick and raising the dead, this proposition was laid down. These are words of great wisdom and depth which fell from his lips and though twenty centuries have elapsed since they were uttered, time has only served to make plain their strength and more important their utility. It matters not what the natural endowments or artificial acquirements a physician may have, unless the principle that "the laborer is worthy of his hire" is the most important element his professional life will be a failure. He may have the endowments of Esculapius himself, the skill of Westmoreland, or the talent of a Calhoun, yet, success will not perch upon his banner unless he collects his fees. It has been predestined that every physician shall do his part of the charity practice in his community, yet, at the same time he must look well to the collection of his fees. The general standing of himself and his family, as well as the honor and dignity of the profession, demands it. 'Tis not right for a physician to neglect to attend to the financial part of his profession. A profession which leads all others in grandeur, nobility and importance should not be satisfied with less.

I know of many physicians of the highest order of talent who made a perfect failure in life and finally died penniless, leaving their families in abject poverty and want, by neglecting to closely and promptly collect their fees. The physician who does not make his customers pay him, does not only damage his brother physicians and the community in which he lives, but he is denounced by Holy Writ as being worse than an infidel. Show me a smaller institution in this world than a moneyless man, a moneyless doctor.

There is no place in the wide, wide world for a moneyless man. Let him go to the banquet where wealth and beauty have arrayed themselves, and there is no one to welcome him. Let him go to the courts and he will find no law there for his cause.

My friends, collect your fees—the laborer is worthy of his hire.

TO INCREASE THE TAX UPON ALCOHOL.

There is a report that the present legislation is considering the matter of increasing the already excessive tax upon alcohol. It is to be hoped that this is not true. When you consider for a moment the result of such legislation, you will at once protest against the passage of such statutes. Every one knows that alcohol is a prime necessity—we cannot get along without it. I do not mean whisky, or brandy, or wine, or beer—but alcohol. When the people who legislate think of the great quantities of alcohol that is used in the manufacture of medicines, and also remember what an effort it is for the poor to get these medicines, possibly they will reconsider and reduce the tax on alcohol. Medicines are high enough now, and if the drug alcohol, which is used in making the majority of medicines, comes at a higher price, it must necessarily be sold at a higher price. Let it be hoped that no such a law as this will be enacted.

COMPETITION THE LIFE OF TRADE.

The general complaint nowadays is that there are too many doctors. There should be a distinction made between doctors and men in the profession. There are hardly too many doctors, but too many men in the profession. The old axiom is that competition is the life of trade. Within the next thirty days there will be turned loose in North Carolina and in other States many, a great many physicians. They must be treated nicely and kindly. We must remember that we were once in their positions and a great many of us are not rich yet. Opposition should not be prejudicial to a calling. There is no doubt that it requires an individual to study his profession and acquire greater excellence in his calling, and he who studies most and becomes the most efficient will always find a place to show his talents. Let us then cease to complain of too many doctors, and devote more time and energy to our calling, and by so doing it will matter very little to us whether there is one or two hundred physicians in the community.

LIQUOR UTERANS.

(V. P. Co.)

WE DESIRE to call the attention of Physicians to this preparation as a superior **UTERO-OVARIAN SEDATIVE AND ANODYNE.**

EACH FLUID OUNCE REPRESENTS:

Black Haw	**55 Grains.**
Blue Cohosh	**28 "**
Golden-Seal (Represented by the White Alkaloid)	**55 "**
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The disagreeable taste of the drugs has been masked with Aromatics, and it will be found a valuable remedy where a **Uterine Tonic and Anodyne Sedative** is indicated.

DOSE:—One-Half to One Teaspoonful.

Eminent practitioners contend that the present habits of life tend to produce Uterine and Ovarian disorders of various kinds.

The majority of these cases, if attended to promptly, do not require surgical attention or mechanical appliances, but will respond promptly to a treatment with **Liquor Uterans.**

Physicians who have directed special attention to the subject have commended Black Haw (Viburnum Prunifolium) for correcting Uterine irregularities; Blue Cohosh (Caulophyllum Thalictroides) for its peculiar value as a Uterine Nervine and its especial influence on the Uterus; Golden Seal (Hydrastis Canadensis) specially indicated for Uterine Catarrhal disorders, and Jamaica Dogwood (Piscidia Erythina) for its established value as an Anodyne-Sedative. To secure for the profession the benefit of the combined virtues of these drugs, we have prepared a palatable combination, as per above formula, under the name of **Liquor Uterans.** We are confident that it will be found a convenient, palatable and valuable remedial agent in the treatment of Amenorrhœa, Leucorrhœa, Dysmennorrhœa, and any irritability or irregularity of the Utero-Ovarian organs, as well as a safe and reasonably sure remedy in all cases of Hyperæmia of the female reproductive system, and frequently in cases of Anæmia of the organs.

SAMPLES WILL BE CHEERFULLY MAILED TO PHYSICIANS ON APPLICATION.

Correspondence and reports of cases invited.

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BOOKS REVIEWED.

THE DISPENSATORY OF THE UNITED STATES OF AMERICA. By Dr. GEO. B. WOOD and Dr. FRANKLIN BACHE. Seventeenth Edition. Thoroughly revised and largely rewritten, with illustrations. By H. C. WOOD, M. D., LL. D., Prof. of Materia Medica and Therapeutics and of Diseases of the Nervous System, in the University of Pennsylvania; President of the Convention of 1890 for the Revision of the Pharmacopœia of the United States; Member of the National Academy of Medicine; JOSEPH P. REMINGTON, Ph. M., F. C. S., Prof. of Theory and Practice of Pharmacy in the Philadelphia College of Pharmacy; and SAMUEL P. SADDLER, Ph. D., F.C.S., Prof. of Chemistry in the Philadelphia College of Pharmacy. Philadelphia: J. B. Lippincott Co. 1894.

From the preface to the 15th edition of this volume, we pen these appropriate lines: "Just fifty years have gone by since Dr. Geo. B. Wood penned the preface to the first edition of the United States Dispensatory. Written from a sense of duty, and in the earnest belief that to obtain the acceptance of the newly-born United States Pharmacopœia by the American professions of Medicine and Pharmacy, a standard commentary was necessary, the book achieved a success which, to its authors, was as unexpected as it was gratifying. During the half century that has elapsed, the work has passed through fourteen editions; revolutions have swept over science; the fate that awaits all men has come to the authors; and yet, with a steadiness that is unrivalled in medical literature, the United States Dispensatory has maintained its supremacy until the copies of it which have been sold are to be numbered by the hundred of thousands, and wherever the English language leads, it follows. Even in the last years, when it was in need of revision, the demand for it has not perceptibly diminished. Such success as this must depend upon extraordinary qualities in the book. Thoroughness, accuracy and completeness undoubtedly have had much to do with the result, but we conceive that the pre-eminent usefulness of the Dispensatory has rested largely upon the peculiar ability of its authors to perceive what facts are useful and essential to a subject, and upon their judgment and skill in utilizing and setting forth these facts."

This excellent volume may properly be considered a commentary upon the United States and British Pharmacopœias, whilst such preparations of the German Pharmacopœia and French Codex as are used generally in the United States are also commented upon. Part I. of the present volume contains the discussion of all the remedies recognized by either of the two Pharmacopœias used

by the English-speaking people. In Part II. the Natural Formulary is introduced. Those familiar with the book will notice the important change by the use of double columns in this edition, an improvement which will be all the more appreciated on account of the widening of the page. In Part III. are considered the Tests and Tests Solution of the two Pharmacopœias, Weights and Measures, the Art of Prescribing Medicines, and other cognate miscellaneous matter. The arrangement of the work is alphabetical, and it contains a short glossary having sufficient definitions. This volume contains about 2,000 pages, and is bound to have an enormous sale, not because it is the latest, but because it has gathered within its capacious limits everything that is new in materia medica, or therapeutics, chemistry and pharmaceutical research. We commend this work as a most valuable addition not only to pharmaceutical literature, but to the medical profession, as almost invaluable. We must accord to the publishers their just praise for the handsome manner in which they have executed their work.

The International Medical Annual and Practitioners' Index. A Work of Reference for Medical Practitioners. 1894. Twelfth Year. New York: E. B. Treat, 5 Cooper Union, New York. Price, $2.75.

The twelfth yearly issue of this valuable one-volume reference work is to hand, and it richly deserves and perpetuates the enviable reputation which its predecessors have made. This startling summary of each year's therapeutic advances has by steadily maintained value won the foremost place among the many publications designed to perform a similar service. The endless number and bewildering variety of proposed improvements in medical and surgical treatment are far beyond the critical power and memory of any man alone. Only by bringing to bear upon the masses the acumen of a corps of specialists is it possible to shift therefrom the real advances. This Annual is the joint product of forty gentlemen, which is a larger list than ever before, who have no superiors in ability and opportunities. They have thoroughly examined the medical literature of the past year, and present in this convenient shape a classified epitome of its results in detail sufficient for practical use. It was announced that this year's Annual would contain about 600 pages, but after a careful examination we notice that it actually exceeds that number by 104 pages. The illustrations show great pains in their make up, and in this respect the

1894 Annual far surpasses its predecessors, containing, as it does, eight chromo-lithographs and twenty-one full-page half-tone plates, besides numerous diagrams and illustrations printed with the text. In short, the Annual of 1894 shows marked improvement in every particular, and we have no doubt but it will be more than ever appreciated and prove "as great help as ever to the busy practitioner." Notwithstanding the great increase in cost of production, the price has been as heretofore $2.75 net.

Part I. comprises the newer remedies, together with an extended review of the therapeutic progress of the past year. Part II., comprising the major portion of the book, is given to the consideration of new treatment. The third and last part is made up of miscellaneous articles, such as legislative sanitation, practical sanitation, new inventions, etc. The arrangement of the work is alphabetical, and with its complete index makes it a reference book of rare worth. This volume, so far as letter press, binding and paper are concerned, is one of the best specimens of book-making we have ever seen issued from the medical press.

Outlines of Practical Hygiene. Adapted to American Conditions. By C. Gilman Currier, M. D., Visiting Physician to New York City Hospitals, etc. New York: E. B. Treat. 1893. Muslin, 8vo. Pages 468. Price, $2.75. (From Publisher.)

Preventive medicine is the "medicine of to-day," and he who does not keep himself well posted as to matters of hygiene is but poorly equipped to enter upon the responsibilities of a physician. We are glad to see colleges introducing chairs on Hygiene, and Boards of Health are being everywhere established, and with this advancement we are glad to note that we have suitable American books to meet this demand. It seems that the author has been specially careful to adapt this book to the conditions of American people, and only accepted truths are presented as to the basis of advancing opinions. In the beginning of this work the subjects of Soil and Climate, Clothing and the Protection of the Body, Bathing and Personal Hygiene, Physical Exercise, Schools and their Influence on Health, Occupations, etc., etc., are practically and thoroughly given. A large portion of the work is taken up with descriptions of bacteria and their diseases, of infectious diseases, etc., and how to prevent them. Illustrations have been introduced wherever they would help the text. It tells much that the layman can easily understand and appreciate, and more that the

general scientific or professional man ought to know. It seems that our architects, engineers, etc., would do well to familiarize themselves with the principles involved in this most excellent work. We heartily recommend it to be a splendid practical work, good for text-book or the physician.

MEDICAL JURISPRUDENCE OF INSANITY. By EDWARD C. MANN, M. D. Published by Matthew Bender, Albany, N. Y.

While this is strictly a legal work, yet it is one that is absolutely necessary in the library of every physician, as he may at any time be called to give testimony regarding insanity in courts. This is a very hard and responsible duty to be called upon to perform, but nevertheless it may fall to the lot of any of us, and we must be prepared to meet the inquisitive lawyer without temerity. We value this book very highly, and he who will read page after page carefully until the volume is completed, will exclaim, "I could not be without this book. It contains reading matter tersely related that pertains to everyday life, and to the physician who has not this volume we advise you to purchase it at once. It contains 408 pages of reading matter, and opens with a chapter on the general consideration of medical jurisprudence of insanity; sexual perversion and its relation to insanity follows; idiocy, imbecility, civil incapacity and mental responsibility in criminal cases, are in turn discussed; a chapter on the medico-legal relations of railway injuries, as well as one on psychology of crime, are admirably treated. The Guiteau case, treated under this section, is particularly interesting. Not only do we appreciate this work for its valuable contents, but also for its handsome appearance.

ANNUAL OF ECLECTIC MEDICINE AND SURGERY. Record of 1893. Vol. IV. Edited by JOHN V. STEVENS, M. D., Professor of Children and Clinical Medicine in Bennett Medical College, Chicago; Vice-President Chicago College of Ophthalmology and Otalogy; Consulting Physician of the Willie Hipp Free Dispensory for Children, Chicago, etc.

This book contains something over 500 pages and scarcely could more subject matter be found in any book than is treated in this one. Not only does it treat of the many interesting diseases, but it also contains articles highly important and written by entertaining and accomplished writers. It gives a record of the observation, investigation and experience of eclectic practitioners of America, and it contains many good items of therapeutics. The articles are all short and well expressed and are subjects chosen by men who

give it their thought and attention. The Annual is conveniently indexed and can be readily used as a reference book. At the close it contains society reports of California, South Dakota, Indiana, Iowa, Kansas, Michigan, Nebraska, Ohio, Oregon, Pennsylvania, and Tennessee. Dr. Stevens deserves credit for the careful editing and the selection of the many really useful contributions relating to therapeutics. The publishers deserve no less praise for their excellent mechanical work in the preparation of the book.

CLINICAL DIAGNOSIS. By ALBERT ABRAMS, M. D., (Heidelberg) Professor of Pathology Cooper Medical College, San Francisco, Cal; Pathologist to the City and County Hospitals, San Francisco, Cal; Author of "A Synopsis of Morbid Renal Secretions, etc; President of the San Francisco Medico Chirurgical Society (1893-94). Third Edition, Revised and Enlarged. Illustrated. New York: E. B. Treat, 5 Cooper Union. 1894. Price, $2.75.

The third volume of this excellent work is before us. It contains about 275 pages and the type, paper, press work and binding are examples of the best work. The illustrations are good. The various subjects are treated in an exceedingly interesting, practical and comprehensible manner. It tells you how to examine medical cases, the methods to pursue in the examination of the Resperatory System, examination of the Heart, of the Stomach, etc., etc. A few pages is devoted to the subject of Bacteria. It is a thorough clinical work. Each subject is treated in a very few words and to the point. The author has succeeded in making a book which combines conciseness with practical sufficiency made possible by his great experience as a teacher. The book is a real credit to the author and its reading will prove of much benefit to practitioners.

A MANUAL FOR BOARDS OF HEALTH AND HEALTH OFFICERS. By LEWIS BALCH, M. D., Ph. D., Secretary State Board of Health of New York; Health Officer of Albany; Emeritus Professor of Anatomy and Professor of Medical Jurisprudence Albany Medical College. Pp. 242. Albany, N. Y.; Banks & Bros. 1893.

The author of this manual has had a large and extended experience in reference to the duties of health officers and of boards of health, therefore, no one is more fully competent and well equipped for the preparation of this work than the author. He announces that in writing this book but one object has been kept in view—the putting in the hand of those officials a short compact guide to follow in the discharge of their duties. This manual is not written as a legal work, neither is it intended to instruct in hygiene. It is simply a practical statement of the duties of health authorities

and how they may be done as required by the public health of the State of New York.

Instruction in detail is given with reference to tuberculosis in cattle, with full explanation regarding the cure and destruction of animals so diseased. The book having been prepared to supply a demand on the part of those engaged in the public health service ordinarily fulfills the purposes for which it was published. The work is nicely gotten out by Banks & Brothers.

MANUAL OF THERAPEUTICS. By A. A. STEVENS, A. M., M. D., Lecturer on Terminology and Instructor of Physical Diagnosis in University of Pennsylvania, etc. Philadelphia: W. B. Saunders. 1894. Small 8vo. Pp. 435. Cloth, $2.25.

This is an excellent book and will be appreciated by student. It is a manual of modern Therapeutics—to be filled in and extended by systematic study of larger works. Classification of drugs by their physiological action or therapeutic application is at present scarcely possible. The author has very nicely defined the terms expectorants, antispasmodics, etc., he also gives the names of the drugs employed as expectorants, antispasmodics, etc. Each drug has been considered in alphabetical order, which is very convenient and an advantage to any book. The chapter on "Incompatibility in Prescriptions" is a very valuable one, and is written by Dr. Joseph W. England. The work is of convenient size and is well gotten out by the familiar publisher, W. B. Saunders.

TRANSACTIONS OF THE MEDICAL ASSOCIATION OF GEORGIA. Forty-fourth Annual Session. 1893. Published by the Association.

It speaks well for the Association of Georgia to issue yearly this valuable volume of about 430 pages. The first 32 pages is taken up with the Minutes of the Association. Following this is the interesting and appropriate annual address by Dr. A. A. Smith, of Americus, Ga. It contains many valuable articles from distinguished men of Georgia. The work is nicely bound and is a credit to the Association.

THE PARLIAMENT OF RELIGIONS AND RELIGIOUS CONGRESSES AT THE WORLD'S COLUMBIAN EXPOSITION. Compiled from Original Manuscripts and Stenographic Reports. Prof. WALTER R. HOUGHTON, Editor. Two volumes in one. F. Tennyson Neely, Publisher, Chicago. 1894.

The "Parliament of Religions" is certainly a wonderful work, but no more so than the Congress itself. It comprises a report of the various ideas advanced during the Parliament at the World's Fair Columbian Exposition concerning the many different religions

throughout the globe. It gives one a sense of wonderment at the magnitude of the undertaking. The work contains about 1,000 pages, with many beautiful and handsome illustrations. Some of the cuts are very fine. The matter is printed very close and until one reviews the book he cannot conceive of its magnitude. Every one interested in the subject of religion (and every one should be) should have a copy of this valuable work.

RESOURCES AND DEVELOPMENT OF MEXICO, by HUBERT HOWE BANCROFT, published separately in English and in Spanish ; I Volume, 8vo ; 67 full page illustrations and three double page maps. Sanfrancisco : The Bancroft Co., Publishers, 1993. Price, $4.50.

This volume presents a true picture of the natural and industrial condition of the several States of the Mexican Republic as they are to-day. Most favorable auspices attended the writing of this book. The subject was presented to the author during a visit with his family to the Capitol of the Republic in the winter of 1891–'92. The President manifested the deepest interest in the plans, believing, as he did, that if the work was properly done it would prove of lasting benefit to the country. With experienced secretaries and assistants, under the direction of Geo. H. Morrison, the tour of the Republic was made and was attended by a gathering of facts which for thoroughness and extent stands without a parallel in the annals of book making. The book contains 350 pages, and gives a complete history of the resources of Mexico, describing her churches, the metals from her mountains and the products from her planes. It contains 67 full page illustrations, which are very handsome and expensive. The work is faultless as to its mechanism. A good index closes the volume.

THE PAYCHIC FACTORS OF CIVILIZATION. By LESTER F. WARD. Octavo, pp. 390. Boston : Ginn & Co. $2.

Mr. Ward's elaborate and systematic treatise is based upon an expansion of certain ideas which he advanced in "Dynamic Sociology," a work published some ten years ago. In his introduction the author gives us this bit of analysis, which will serve to indicate more or less distinctly the scope of the book's purpose : "1. The phenomena of subjective psychology, viz : the feelings, taken collectively, properly called the social forces. 2. The initial, original or primary characteristic of objective psychology, viz : the intellect proper or intuitive faculty, constitutes the directive element of so-

ciety, and only means by which the social forces can be controlled." Mr. Ward's aim, therefore, is simply to build up a true science of sociology upon the ground work of an accurate psychology; and he holds the belief that the true solution of the problems of modern social organization is found only in "the day light of science," a subversion of the reign of the individual and the inauguration of a form of government which in his concluding chapter the author denominates "Sociocracy."

THE LOST CANYON OF TALTECS. An account of Strange Adventures in Central America, by CHAS. SUMNER SEELEY. 12mo., pp. 275. Chicago: A. C. McClurg & Co., Publishers. Price, $1.00.

This book is a nice story of the adventure of Mr. Seeley and the scenes are laid in some out of the way place of the Isthmus of Panama. The story is told in a very exciting way, and gives us many pictures of scenery and native costumes of Central America. It is quite a pleasure to read the work. The publishers have gotten out a very neat and pretty book and we feel sure that their sales will be good.

TEN YEARS ON THE ROAD. By VIRGIL M. WRIGHT. Edited by AURELIUS SMITH. Indianapolis: Frank H. Smith, Publisher. 1893.

This is a very fascinating and interesting book. It portrays the life of the "drummer" in a manner that cannot fail to enchain the attention. The book is full of wit, good common sense and sound advice, abounding in startling adventure, humorous situations, with a wonderful natural vein of pathos and just an occasional suggestion of romance. It is the work of a clean, bright, commercial traveler. It is neatly printed.

The British Medical Journal says: "The French army at the present moment boasts of one combatant officer who is also a doctor, This is Brigadier General Canonge, late Colonel of the 139th Regiment of the Line. This gallant officer, who has earned considerable distinction in the profession of arms, and who is well known to readers of military literature as the author of an important work entitled "La Guerre Contemporaine," passed all the usual examinations and took the degree of Doctor of Medicine when he was a lieutenant."

A subscription for the purpose of erecting a monument to Charcot in Paris has been started. It has reached over 4,000 francs.

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Historical Recollections and Bric-a-Brac.

Their Honeymoon—Troubles of a Young Woman who Married a Doctor.

Young Mrs. Boggs heaved a deep sigh as she handed her dainty pink and white cup across the little tea table to her bosom friend, Mrs. Tublets, for "just one more lump of sugar," and helped herself to another wafer.

Mrs. Tublets was startled. "My dearest Laura," she exclaimed, "what can such a heartrending sigh mean on the lips of a bride but just returned from her honeymoon."

"I do not mind admitting to you, dear Marie," said Mrs. Boggs, putting her now empty cup upon the table, "that I have already found out that the fate of a doctor's wife is not in all respects an enviable one."

"Why, Laura, what do you mean? You can as yet have had no experience of interrupted dinners, midnight calls and bad bills."

"As you know, dear Marie," replied young Mrs. Boggs, "we started immediately after our wedding for Chicago, and my first trial began the very evening of our arrival. We reached the hotel about 9 o'clock to find that instead of the fine suit of room we had engaged only one rather shabby bedchamber had been saved for us. Of course it was too late to change our quarters that evening, even supposing that we could do better at one of the other hotels. I felt very dusty and made up my mind that a nice warm bath was the thing needed, and so I rang the bell and ordered one prepared. Upon hearing the order, Mr. Boggs turned to me with a look of horror upon his face.

"Do you mean to say," he cried' "that you would actually take a bath in a public tub in which anybody who pays a few cents can bathe?"

"Certainly," I replied, "when I have not a private one. I must keep clean."

"Laura," cried the doctor, "do you not know that a number of dreadful diseases may be communicated in that very way? You really will have to countermand the order. I am very sorry to

disappoint you, but not for thousands of dollars would I have you run such a risk."

"And so of course I had to give up my much coveted bath."

"Poor Laura," said Mrs. Tublets, a very little smile of amusement curling the corner of her mouth. But Mrs. Boggs did not see it and continued sadly:

"Most people had trouble in getting their luggage, and we were among the unfortunate in that regard, but I consoled myself with the idea that the next day I could easily go to one of the dry goods shops and buy some clean clothes. I shall not mind the inconvenience at all, I remarked cheerfully to William, because, you know, I can try them on and be sure that they fit nicely. Alas, poor little me! I seemed destined to shock what I call his prejudices.

"Of course you must be joking," he cried; but I assured him I was never more serious in my life. Then he looked actually grieved at my ignorance and remarked that shopkeepers who allowed undergarments to be tried on ought to be subject to arrest and fine, if not actually to imprisonment. Of course none but thoughtless, careless, persons would dream of wearing ready-made underclothes until they had been laundered, considering the fact that they are commonly made in tenement houses full of dirt and bacteria; but to actually go to a shop where people were allowed to try on such garments, thus propagating disgusting skin diseases, one must be simply mad.

"Of course I was very angry at being called mad, and then and there we had our first quarrel.

"You might have supposed that this would be a lesson to him not to interfere with my personal liberty; but not at all. Hardly two weeks had passed when one chilly morning, when we were going to breakfast in the little sitting room which we had finally secured, I slipped on a lovely wadded Japanese wrapper of pale blue silk most elaborately embroidered in canary-colored floss, and as I took a last glance at myself before leaving my bedroom I felt that I looked very nice indeed.

"When I appeared at the breakfast table, however, I saw a shade of displeasure cross my husband's face as he looked with disapproval at my pretty wrapper.

"'Laura,' he said very seriously, 'have you ever worn that gown before?'

"'No,' I answered, wondering what was coming out next.

"'Then do me the favor to take it off and never put it on again. Yes, my dear, I know it is exceedingly pretty, but as likely as not the person who worked all that elaborate embroidery was a leper or the victim of some cutaneous disorder. Those orientals are so prone to such diseases, and I cannot allow you to run the risk of wearing the garment, rich and comfortable as it is.'

"Of course after that I could never take any pleasure in the dress, even if he had not absolutely forbidden my wearing it. I was disappointed that I cried as I changed it for a plain American tea-gown of cashmere.

"In early September we went to the mountains for a couple of weeks. We were at such a nice hotel! One of the first things that charmed me was the fact every evening we found in our room a nice pitcher of ice water. The doctor had ascertained shortly after our arrival that the water was safe to drink, and I enjoying a glass of it in my room one evening, when William entered and said:

"'You are not drinking water with ice in it I trust.'

"Upon my replying that I was, he asked if no one had ever explained to me the danger of ice in country places. 'Of course,' he added, 'ice is not easy to procure in sufficient quantities to last all summer for a large hotel, and so they take any ice they can find, and much of it comes from ponds of stagnant water. Many cases of typhoid fever can be directly traced to the drinking of ice water made from such ice. The latter of course melts very quickly, and so it is as if you were drinking the unhealthy, stagnant water direct.'

"From day to day I found that on various pretexts most of the luxuries of life were being cut off one by one. There was some plausible hygienic reason to urge in every instance. When we went to New York, we spent a great deal on cab hire, because William objected to my sitting next to a dirty and possibly unhealthy people in the horse cars. Save for the expense I was resigned to that restriction. But, my dear, if you ever marry again, I strongly urge you to select a husband from some profession other than that of medicine."

THE North Carolina Medical Convention will be in session in Greensboro the 15th, 16th and 17th of May.

We clip the following from a recent edition of the Baltimore American :

Dr. John J. Caldwell, who was recently appointed a fellow of the Society of Science, Letters and Art, of London, has been also appointed a corresponding member of the Delaware Historical Society. He is a native of Delaware, in which State his great-grand-father, Captain Caldwell, commanded a troop in the Revolutionary War, called the "Blue Hen's Chickens," from which was taken the motto of the Delaware coat-of-arms.

The doctor is a regular contributor to this Journal, and one of the best it has.

T. D. Finck, M. D., Kentucky School of Medicine, Louisville, says :

"I am convinced there is no remedy so useful and attended with such satisfactory results in the treatment of melancholia with vasomotor disturbances, anemic headaches, emotional distress and active delusions of apprehension and distrust, as antikamnia. It also increases the appetite and arterial tension, as well as being particularly serviceable in relieving the persistent headache which accompanies nervous asthenia.

As an antiseptic and antipyretic and antiperiodic, it is good, nothing better. It is especially beneficial in spasmodic asthenia, in hay fever, in whooping cough, in headaches, particularly of the nervous variety, also that from disorders of the digestive organs, or from the various neuroses.

In mild hysteroid affections, in the various neuralgias, particularly ovarian, in the nervous tremor so often seen in confirmed drunkards, also in delirium tremens, it is of particular service.

The pain of locomotor ataxia yields to treatment with antikamnia in a remarkable degree, its analgesic power being of a peculiar kind, in that it will relieve painful affections due to pathological conditions of the peripheral nerves. as neuritis, etc.; also lumbago, sciatica and myalgia.

When pain is the prominent symptom, it is a desideratum, as its province is relief of pain in any and every form. And best of all, there is no danger of morphinism, no nausea nor malaise so common with opium and its preparations."—*Cincinnati Lancet Clinic.*

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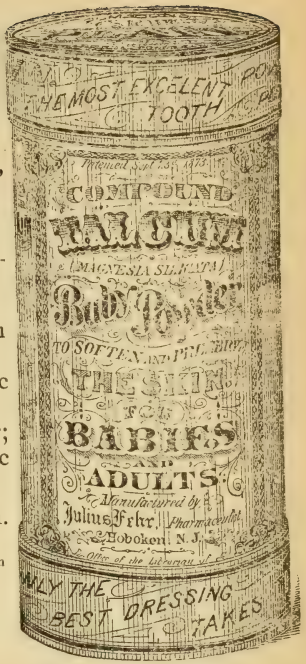

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Whiskey is Not Essential for the Cure of Diphtheria.

By Talbot R. Chambers, M. D., East Orange, N. J.

During last August having attended nine cases of diphtheria and since having had several other cases treated without alcohol in any form, I feel competent to draw conclusions, one of which is at variance with the old-established lines of treatment:

A boy nine years old, who had recently grown very rapidly and was of the neurotic type, not at all strong, easily excited when crossed in any way, was very sick with diphtheria. The membrane covered the roof of the mouth, palate, tonsils, and posterior nares. After the disease was over, these parts showed considerable change in appearance and there was paralysis of the parts as a sequence. The swallowing act was incomplete; a portion of the liquid taken into the mouth came out of the nose, this condition lasting for about two months. Four other members of the family suffered in a like manner, only in less degree and without the paralysis sequence. But the contagion was there. I regret microscopic examination was not made.

The constitutional symptoms were most marked. In the case of the boy cited, there was excessive exhaustion, with rapid, weak pulse and sluggish circulation for about ten days. Several times he seemed near death. It was during and for this condition that whiskey or old wine was urgently recommended by me.

The mother, a most thoughtful and patient woman, determined that if her boy once tasted alcohol he would certainly fill a drunkard's grave, and she was willing and took the responsibility upon herself and insisted "if whiskey be necessary for his life, let him die now."

He received no whiskey and recovered. One minim of Squibb's tr. nucis vomicæ was given every half hour and less often, according to the pulse and general condition. It was wonderful to note how well it took the place of alcohol. The other medicinal treatment of the case was simple calomel in frequent small doses and a mixture of tr. of iron with chlorate of potash, together with beef peptonoids, broths, and milk pushed to the limit of his digestion.

The local treatment was directed to keeping the throat almost constantly under the influence of steam carbolized and with bichloride steam spray.

Peroxide of hydrogen was tried in the beginning, but had to be stopped on account of the irritation it caused.

As to the father of the child, nothing further was needed to dispel the deposit in his throat than twenty-four hours' local use of the peroxide.

Local applications were made by the nurse and parents in several of the cases treated with papoid glycerole. All agreed there was benefit in the procedure.

The circumstances in the case of the boy were all against his recovery, the faithful but injudicious and over-indulgent parents often undoing and hindering progress at critical moments. Notwithstanding, the boy recovered and without alcohol.

All the other cases were treated without whiskey, tr. nux taking its place where necessary, and all recovered.

The author is not a prohibitionist, but believes the whiskey heretofore considered by him *the* best heart tonic in this disease is not a *sine qua non*; and when the patient is a child, which, of course, is not yet addicted to its use, the nux or nux and digitalis or nitro-glycerine are better than whiskey.

There are many reasons why whiskey is objectionable and none for a careful use of a good tr. nux.

In some of the cases, instead of calomel, bichloride was employed in doses of $\frac{1}{100}$ grain hourly and its exhibition is without doubt abortive.—*Archives of Pediatrics, March, 1894.*

Dr. Jno. M. Manning says: "It gives me great pleasure to say that the R. & H. Three Chlorides prepared by you is the finest alterative tonic I have ever used and I assure you that I tested it "most thoroughly." If Henry's Tri-Iodides gives me as much satisfaction as R. & H. Three Chlorides, my obligation to you is lasting."

Durham, N. C.

It is said that the addition of one drop of a one per cent. solution of nitro-glycerine to the injection of cocaine will prevent any unfavorable results from the latter.

THE city of Louisville, Ky., taxes each physician ten dollars. Charlotte can go Louisville five better; she taxes her physicians fifteen dollars a year.

Report of a Case of Multiple Neuritis.

Was called upon November 8, 1893, to see Stephen K. aged 53, and extracted the following history: Was a carpenter and followed that trade until several years ago when he lost his left arm at the shoulder joint, since which he has been unable to work at his trade, present occupation, supplying large buildings with towels, etc. Never had syphilis or any venereal trouble and was perfectly well until about nine months since, when he began to notice considerable gastric disturbance, languor, and unusual weakness in the limbs, had consulted ten or twelve different physicians at different times for the gastric trouble, without obtaining anything but temporary relief and had been confined to his bed at intervals, when in October, 1893, he took to his bed for good.

At the time I first saw him he was suffering from circumscribed anæsthesia of the lower extremities and of the right arm, with a considerable degree of muscular paresis, he complained of intense shooting pains at the nape of the neck extending down to the fingers, and also of tearing pains and burning in the lower extremities, the knee jerk was absent; was in a state of lethargy, had no ambition even to turn over in bed, no desire for food, and his digestive apparatus was in a very weakened condition, he suffered much from insomnia, (possibly due to the pains) vision very much disturbed, left pupil being dilated, also hearing was affected. I made the diagnosis of Multiple Neuritis and put him on Calisaya, Iron and Strychnia, using Morphia for the relief of the pain. The Morphia so deranged his stomach and produced so much nerve depression that it was with difficulty he retained any nutrition except small quantities of Kumyss and Matzoon. Ordered hot water sponging and rubbing with a good strong liniment. Still the intense pains were present unless Morphia was given. Also tried Phenacetine and Sulfonal without avail.

Sometime in December, 1893, my attention was called to a drug called "GURANIA," manufactured by the Yale Chemical Co., of Chicago, as being an excellent analgesic, and without hoping for any success from this I decided to give it a trial. Administered it to him in from 10 to 15 grain doses twice at night and twice in the morning an hour apart. After a few days of this treatment the result was so apparent and encouraging that I dropped the Mor-

phia entirely and kept him on the "GURANIA," Calisaya, Iron and Strychnia, together with sponging and friction. The pains gradually became less intense; then were absent during the entire day, recurring towards evening, and on January 26, 1894 he was entirely free from pain, had slept well for three nights previously and could retain an abundance of light nutrition. He has taken only a few doses since that time and has had no return of the pain. I have seen him about once every week since, and at this time he says he has not felt so well for some years. He has recovered almost entirely from the Muscular Paresis, but there is still some disturbance of vision for which I have induced him to consult an oculist.

In this case it is evident that an Analgesic was essential, and in view of the extreme gastric irritability, one that would not derange the alimentary secretions and cause depression. For these reasons and many others, I believe that we have in "GURANIA" a drug that will eventually supercede Opium and its Alkaloids, and many of the numerous coal-tar analgesics which have been brought to the notice of the profession during the past five or six years.

JAMES H. BECKETT, M. D.,
Chicago, March 13, 1894. No. 879 West Lake Street.

Too Many Doctors?

We have not too many doctors. If the number were less the standard of professional attainments would be lowered rather than raised, and the grand workings of that fundamental law, sublime in its severity, "the survival of the fittest," would be seriously interfered with, to the detriment of both the profession and the people. Only the lower steps of the ladder of professional eminence are crowded, and those who have sufficient courage to continue the ascent, however steep and difficult it may prove, will surely find recognition and success awaiting them at the summit.—*The Medical Fortnightly.*

THE large number of physicians and members of physicians' families are victims to alcohol, opium, cocaine, etc., with all their knowledge of the evils of intemperance, is a fact difficult of comprehension.

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Formalin as a Disinfectant.

By Dr. S. Rideal, Lecturer at St. George's Hospital, London.

Experiments that I have made with Formalin as a disinfectant and preservative agent have yielded some very interesting results, and I am fully satisfied that in it we possess a bactericide and antiseptic of considerable value. When added in very minute proportions to substances capable of undergoing putrefactive change, it prevents such decomposition for a considerable time. This preservation may be effected in the case of liquids by adding a small amount of a diluted Formalin solution to them, and in the case of solids either by spraying them from time to time with a weak solution or by suspending them in an atmosphere impregnated with the Formalin vapor. Thus, for example, I have kept beef-tea for upwards of a fortnight free from smell and quite clear with an addition of I. C. C. of a 1 per cent. solution to 100 C. C. of the liquids. This corresponds to a dilution of 1 part in 10,000, and would be effected by adding one fluid ounce of the 4 per cent. Formalin solution to 40,000 fluid ounces of beef-tea. Milk containing the same amount of Formalin has remained sweet for twelve days. I have also succeeded in keeping a piece of raw beefsteak perfectly free from any taint for upwards of seventeen days by suspending it under a bell-jar above a little cotton wool impregnated with a few drops of the strong Formalin solution. In my experiments with pathogenic organisms a solution of Formalin containing 1 part in 15,000 has been found powerful enough to arrest the growth of most of the species examined. Experiments with the vapor have shown that in this form it is extremely toxic to micro-organisms in the air and adhering to walls and articles of furniture in rooms. I believe that its use in this direction will be found very valuable as at present there is no gaseous disinfectant which can be recommended for this purpose that has no injurious effect upon such materials. I have also had an opportunity of trying the effect of Formalin as a preservative of specimens from the post-mortem room and find that a 1 per cent. solution is very effective for this purpose. The liquid does not become turbid nor dark colored and after three weeks' constant use and exposure to the air, its strength had only fallen from 1.0 to 0.45 per cent.—*From the London Therapist, March 15, 1894.*

Pneumonia.

℞ Caffacemon ..... gr. xxx.
Sacch. alb ..... ℈j.
M. F. pulv. Divide in dos. No. 10.
Sig. Three to four powders daily.

℞ Labordine ..... 3j.
Sacch. alb ..... ℈j.
M. F. pulv. Divide in dos. No. 11.
Sig, One powder every four hours.

An Impartial Judgment of Homeopathy.

The following quotation from the *Wiener Medicinische Presse*, must certainly be admitted as a dispassionate and judicial statement of the position of homeopathy, but in a spirit of actual fairness and honesty:

"The 2d of July marked the fiftieth anniversary of the death of Samuel Hahnemann, the founder of the 'homeopathic method of treatment.' In an article dedicated to the memory of Hahnemann, by L. Beuchner, the distinguished author of Force and Matter, after an acknowledgement of Hahnemanns' intellectual ability, it is stated that homeopathy is a suitable method of treatment for rich, indolent, nervous, egotistic patients, or such as have a dread of medicines, whose ills, great or small, disappear spontaneously, without medical treatment or with any form of treatment, and with whom the imagination acts as an important adjunct to the processes of nature. Homeopathy will, therefore, probably never entirely disappear, and is not to be denied a certain amount of credit, partially positive, partially negative. The patient believes that he will be helped by homeopathic remedies, and is really helped—partly in consequence of belief and partly by awaiting the natural outcome of his ailment during the continuance of the homeopathic treatment.

"In the hands of unprofessional persons, prescribing their own homeopathic remedies, or in the hands of uneducated quacks, the method is capable of much harm, which is doubtless accomplished in innumerable instances."

This judgment may not apply to the self styled homeopathist who finds in sectarianism only a means to selfish ends. For him more drastic measures may be necessary; but if there be reputable men among so-called homeopathists, it is time for them to throw

off their masks and repudiate a designation that among the discriminating has become a synonym for duplicity and false pretence. —*Med. News.*

Childbirth Insurance.

The author of a recent work called "Anecdotes et Curiosities historiques surles Accouchements," gravely publishes the story of a Mr. M———, of San Francisco, whose wife had suffered much in childbed. Her first two labors had been terrible, the children being born dead, and the mother escaping with her life by a miracle. The third time her husband brought her to New York and called a celebrated specialist, who at once applied the cephalotribe. When the poor woman became pregnant the fourth time, Mr. M——— took her to Marseilles, where a physician induced labor at the eighth month and delivered her again of a dead child. The fifth time they chanced upon Dr. Witkowski, of Lyons, who, undaunted by the failures of his predecessors, accepted willingly the conduct of the case. He was somewhat surprised, however, when Mr. M———, "in his American fashion," declared that he wanted his wife to be delivered of a living child, and that he would permit neither version nor the induction of premature labor; furthermore, the Western millionaire demanded a policy of insurance on the lives of both mother and child. When the doctor demurred to this request, Mr. M——— showed him similar contracts signed by the various American accoucheurs who had attended the woman in her different confinements, and assured him that that was a very general custom adopted by all the best people in America. As the conditions for a successful termination of the case seemed favorable, despite the previous mishaps, the physician at once yielded and signed a policy for ten thousand francs, receiving therefor a premium of ten per cent. This time everything went well, and the woman was delivered of a healthy daughter. Then the gentle American began to show his delight by telling the physician that he was no kind of a business man, that he should have demanded a premium of at least fifty per cent. instead of ten. The doctor replied that it was true he had not asked for a large enough premium; but, as there had been no agreement concerning the fee, he should now charge five thousand francs instead of one thousand as he had first intended. Dr. Witkowski is evidently a good *raconteur*,

and would never let a question of fact stand in the way of an amusing story at the expense of a rich Californian.—*Medical Record.*

Asparoline Compound.

The preparation known as "Asparoline Compound" is a combination of a number of remedies of recognized therapeutic power. There is asparagus, which is a valuable diuretic and sedative; parsley, which is stimulating, anti-periodic, anti-scorbutic and also diuretic; gum guaiacum, which is tonic, alterative, and a great favorite of the late Dr. Dewees in dysmenorrhœa; Black Hawk bark, which is anti-spasmodic and anti-abortive; henbane, which is one of our safest and most reliable anodyne and calmative remedies; and such aromatics, which are known to possess warm, stimulating, stomachic effects and of special value in relieving pains or spasms of any kind.

From such a combination it is evident we have here a remedy of especial value in cases of dysmenorrhœa, amenorrhœa, leucorrhœa and menorrhagia.

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Memphis, Tenn., March 1, 1894.

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T. B. McClure, M. D.

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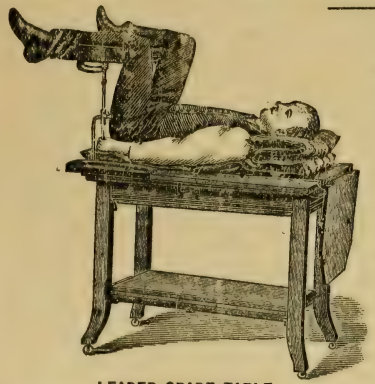

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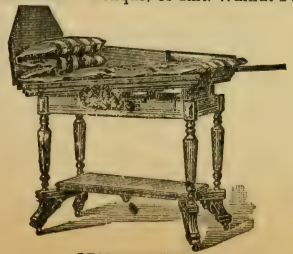

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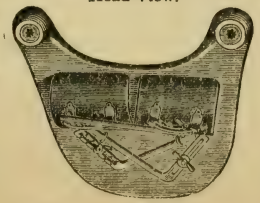

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Abstracts.

A New Method of Administering Creosote.[1]

By Reynold W. Wilcox, M. D., L. L. D., New York, Professor of Clinical Medicine and Therapeutics at the New York Post-Graduate Medical School and Hospital: Attending Physician to St. Mark's Hospital.

At the present time most clinicians are in accord in believing that creosote is a most valuable remedy for pulmonary tuberculosis. That it is a specific probably no one claims, but that of all remedies it gives the fewest disappointments we will admit. The literature is extensive; a bibliography to 1893, by no means complete, records more than two hundred authors of a far larger number of papers. From the time of its discovery and use by Reichenbach, in 1333, until it passed out of vogue in 1853, there was ample evidence of its value if we may so infer from the papers of Grandjean, Breschet, and Bertholet, Mignet and Wolf, 1834; Cless and Cortoni, 1835; Petrequin, Martin-Solon, and Koebler, 1836; Rampold, 1837; Inmann, 1851; Verbeck and Debout, 1852. That it fell into disuse was believed to be from the presence of impurities and the practice of administering too small a dose. Since Bouchard and Gimbert reintroduced the drug, in 1877, the principal question has been how to introduce the drug into the organism in sufficiently large quantities, for it is a well-known fact that a daily dosage of three drachms, and usually far less, when administered by the stomach, gives rise to untoward, even poisonous, symptoms. Bourget proved that on those parts where creosote capsules were dissolved, local circumscribed inflammations were produced. Of the earlier literature after its revival, the most important papers are by Sommerbrodt, Fraentzel, Reuss, Pick, Guttman, Horner, Lublinsky, and Robinson, in 1878. My own use of this remedy is coextensive with the entire time of my practice of medicine. That the administration by way of the stomach has been found insufficient is shown by the various substitutes proposed: Rectum, Bourget, 1889; subcutaneously, Du Castel, 1882; frictions, Bourget, 1889; by way of the respiratory passages—inhalations—Labbee, 1879; laryngeal applications, Cadier, 1878; intra-tracheal injections, Beehag, 1888; intra-pulmonaru injections, Lepine and Truc, 1885. By subcutaneous in-

jection excellent results have been obtained, but this method presents many inconveniences; it requires much time, it necessitates a special and expensive apparatus, it is hardly to be employed except in hospitals, so that in spite of the excellent paper of Gimbert, in 1891, this method has attracted but little attention. In 1893 Audeoud presented a carefully written monograph upon the use of the rectum as the channel for the administration of the drug. This method also yielded good results, but its inconveniences are very considerable, and it is doubtful if it will be a practicable method for the physician. It has been sought to overcome the defects of creosote by the substitution of various preparations of the remedy. Such modifications have been made by Valzer (guaiacol benzoate), by Haas (cinnamic ether of guaiacol, which has been called styracol), by Glacosa (carbonic ether of guaiacol), by Holscher and Seifert (carbonate of guaiacol), and finally by various physicians, guaiacol. Good beech-wood creosote contains from sixty to ninety per cent. of guaiacol. My own experience has been that guaiacol, in dose proportionate to its percentage in creosote, is by no means efficient in pulmonary tuberculosis; even in equal dose I have not found it to be of the same value as the crude drug. So that the general opinion seems to be that it is the beech-wood creosote, the complex body, which possesses the greatest value. We believe, as does Sommerbrodt, that the more of the drug the patient can bear without injury, the more benefit will he derive, and the sooner will the tubercular process be controlled. Hitherto I have been most successful in the use of it in the form of enteric pills, *i. e.*, pills made up with paraffin or ones coated with keratin. In some cases I have used in addition the mixture of creosote, alcohol, and chloroform (Robinson) for inhalation. Even with enteric pills, gastric irritation, backache, and malaise are not unknown. The use of creosote in soluble capsules with cod-live oil, as was so strongly recommended by Sommerbrodt, I have long since abandoned on account of the nauseous eructations of the oil. In spite of all its disadvantages I have adhered to the use of creosote, for the five thousand cases of Sommerbrodt (1887) to which he has recently added his later experience, and the seventeen hundred of Von Brunn (1888) are too strong evidence to be lightly set aside. In spite of the many cases where toxic symptoms, even alarming ones, have arisen, and

the recently reported case of Freudenthal is an example, I believe we are justified in continuing to use this remedy although we do not attribute to it any anti-bacillary properties. Notwithstanding that it is probably useless in acute tuberculosis, in tubercular pleuritis and enteritis, and that it is contra-indicated in acute and chronic nephritis, and in certain cases of idiosyncrasy, there is an ample field for its employment. Several years ago the carbonate of creosote, that is, beech-wood creosote (ninety-two per cent.) in chemical combination with carbonic acid (eight per cent.) was discovered in the scientific laboratory of Dr. F. von Heyden's successors at Radebeul, near Dresden, who have named it creosotal. As you see from the specimen, it is a clear, pale, almost colorless liquid of syrupy consistency, becoming thinner by heat. It is insoluble in water, but soluble in alcohol or in four to five parts of cod-liver or olive oil. It has a slight odor of creosote, and an oily, slightly tarry taste, which is in marked contrast to the burning taste of creosote. It can be administered clear, or, as it is said—but of this I have had no personal experience—by hypodermic injection, the precautions being taken to use a large needle, and to reduce the consistency of the liquid by heat. It can also be administered in a form of an emulsion, one half or two drachms being beaten up with the yolk of an egg, diluted with water, and flavored with any aromatic syrup. During the past three months I have found the administration by means of gelatine capsules, either hard or soft, from ten to twenty minims in each one, to be eminently satisfactory. There is no doubt about the elimination of creosote carbonate by the respiratory tract—the breath gives ample evidence. It is also excreted by the urine, although in what proportion it is at present impossible to state, for the estimations have not been made. Two drachms per day, even on the first day, may cause the urine to become dark green. So far as I know, this is the only symptom to which it gives rise, and it is simply an indication to diminish the dose to one-half of its former size. According to my observations it does not produce malaise, nor irritation of stomach or of intestines. It is stated that it does not produce any diarrhœa, and also that if a diarrhœa exist, it is without effect upon it. The first part of this statement I believe to be correct, the latter I have not had an opportunity to verify. We have no doubt as to the fact that it is non poisonous; the important question is:

Is it as efficacious as creosote? Chaumier used it in eight cases with equal success so far as the lesions were concerned. My own observations confirm his. Since the creosote carbonate contains ninety per cent. of creosote, the dose may be considered to be practically identical. Fifteen to twenty drops per day is probably sufficient for children; adults will bear one to two drachms, even four drachms per day in divided doses may not be excessive.

[1]Read before the Lenox Medical Society, February 12, 1894.

The Relation of Opium Eating to Life Insurance.

Very few opium-eaters have any thought of insuring their lives—they do not concern themselves in regard to the future—and very few have means with which to pay premiums on policies after their supply of the narcotic has been paid for (New York *Med. Journal.*) The *Independent* thus speaks of the opium investigation now in progress iu India: "It has been stated that among the so-called evidence used by the government partly to bolster up the pro opium side, the Oriental Life Assurance Company, which does almost the entire native business of India, testifies that no extra premium is charged to users of the drug, and state that during twenty years not a single claim has been paid for death which could have been attributed to use of opium. Granting that the statement is correct, we would like to know to what extent life insurance policies are taken out in opium dens inIndia. It is doubtless true that similar statements might be made with regard to policies paid to habitues of the dives of New York or any American city. It does not therefore follow that opium has no effect to shorten the life." It is a peculiarity of the testimony on the opium question that the witnesses who hold office in India are nearly all pro-opium, while the non-official class are almost unanimous in the other direction. This applies to medical witnesses as well as to others.

Pruritus.

Another formula which has proven signally useful in some cases, is—

℞ Sodii Salicylate..... ..... ʒ ij.
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Listerine.....aa ʒ vij.
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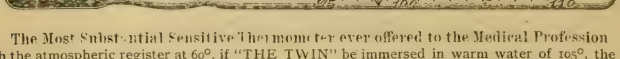

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Please Mention Charlotte Medical Journal.

Croupus Pneumonia.

By HERMAN D. MARCUS, M. D., D. D. S., Late Resident Physician at the Philadelphia Hospital (Blockley.)

There is probably no disease so prevalent, during the months between October and March, as pneumonia, and at this time of the year it becomes more or less endemic. Exposure to a moist and cold climate is probably the most important cause. Habits and age enter also largely into its causation. Thus, persons of irregular, and especially alcoholic, habits are more liable to an attack of pneumonia than others. Children are rarely affected by it, while adults, especially between 20 and 30 years and 50 and 70 years, are more prone to this disease.

The actual pneumonic attack is generally ushered in by a pronounced chill, followed by general malaise of two or three days' duration. On the third or fourth day generally fever appears, and, rapidly rising, may reach between 104° to 105° F. On the seventh day the fever abates either by lysis or crisis.

In the treatment of pneumonia we must have recourse to stimulating drugs and symptomatic treatment. A great many attempts have been made at aborting this disease, but thus far only questionable results have followed such procedure. Klemperer (of Germany) advocates the intra-cellular injection of pneumonic serum.

He succeeded in rendering rabbits immune against pneumonia by using sputum expectorated both before and after the crisis. The former had to be heated in order to remove its toxicity. Glycerin extracts of pneumococci also produced immunity if previously heated at 140° F. Bouillon cultures conferred immunity after a certain time and under certain conditions; thus, it was found that after subcutaneous injection about fourteen days elapsed before immunity occurred; direct intra-venous injection caused immunity in three to four days.

According to the experiments, every nutritive solution in which pneumococci have developed confers immunity against pneumococci septicæmia, even though the cocci have been removed. The effect may be hastened by exposing the toxic nutritive solution to a high temperature.

The fluids causing immunity can not cure the animal, nor can they, if given at the same time with the cause of the infection, pre-

vent the occurrence of the disease. On the other hand, Klemperer succeeded in effecting cures by the serum of immune animals, in accordance with the method of Behring and Kitasato for diphtheria and tetanus. This serum can cure pneumococci septicæmia, especially if introduced directly into the blood.

Cure is due to a fluid derived from the organism of an immune animal. This immunity is the result of the incorporation of the products of tissue-change of the pneumococci—a direct course—thus leading from the exciting cause of the disease to immunity, and from this to the cure of the disease. If, then, it should be asked in what manner the blood-serum cures pneumococci septicæmia, the experiment will show, firstly, that the serum does not destroy the cocci, but neutralizes the toxicity of the products formed by the pneumococci. In this manner the healing serum renders harmless the poisonous materials which were formed by the pneumococci. If, then, the cocci continue to produce poison, this would be rendered harmless in the moment of its formation as long as such serum is present.

In such an organism, which is protected and freed from poison, the poisonless bacteria must succumb. Pathogenia bacteria are destroyed when injected into the circulation of healthy animals, a work chiefly performed by the white blood-corpuscles.

Klemperer succeeded in producing a toxalbumen in nutritive fluids in which pneumococci had grown—the pneumotoxin. This albuminous body, generated by the pneumococcus, caused, in a few days after it had been introduced into the animal organism, the formation of a substance which has the power to destroy the poison formed by the pneumococcus. This substance possesses, according to Klemperer, curative properties against pneumococci infection. He, therefore, considers the etiological identity of both affections proven, showing, on the one hand, that the serum taken after the crisis from patients suffering from pneumonia is curative against pneumococcus infection of rabbits; on the other hand, serum of immune rabbits injected into pneumonic patients caused always by a marked decrease in the temperature.

This treatment has been employed by me in eighteen cases, but without any success. There was no marked fall of temperature. In fact, three cases showed an increase of from 3.10 to 5.10 degrees. Although employing this treatment, using the most seru-

pulous antisepsis, one case developed a very large abscess of the buttock (the seat of injection). Others who have tried this treatment also report only questionable results.

Dr. Petresco recommends the use of very large doses of digitalis. I have always looked with fear upon such treatment. While digitalis in small doses (small compared to Petresco's method have proven of marked benefit, I think that the dangers of digitalis poisoning are too great to warrant such treatment. In the few cases that I have observed, treated with large doses of digitalis, I have never noticed any amelioration of symptoms. Although the pulse became less rapid, I am satisfied that this was, if anything, an abnormal condition due to the toxæmia of digitalis.

Different drugs have been advocated to combat this disease, such as acetanilid, antipyrin, aconite, quinine, etc., and undoubtedly each has proven of benefit in the hands of its propagator.

A treatment which, unfortunately, has been relegated to the background is vene-section. Blood-letting, whether local or general, has, in my hands, always proven the remedy *par excellence.* Sthenic cases I always bleed during the first stage or the beginning of the second stage. In such a case I open generally the median basilic vein, and remove 18 to 24 ounces of blood. Such a course is immediately followed by a less embarrassed respiration, a more regular and slower pulse, and a gradual fall in the temperature. If cerebral symptoms are present, they are nearly always improved. In less robust persons, cupping (dry or wet) or leeches to the seat of the pneumonia are very beneficial.

Atipyretics should be employed with caution, owing to the already-depressed condition of the heart. Quinine, antipyrin, acetanilid, aconite, etc., all have their advocates.

The greatest objection to the use of coal-tar derivatives is their depressing action on the heart. Of this group, acetanilid is, I think, probably, the least depressing, and may be administered with greater safety than any other. A combination of acetanilid, and cocaine—the "febricide pill"—I have found of especial benefit in the treatment of pneumonia. The advantages of the combination of drugs in this pill are manifold. Of the greatest importance are its antipyretic and anodine qualities The effect of the febricide pill becomes immediately self-evident. The temperature is very shortly reduced, and the aggravating and persistent pain,

so peculiar to pneumonia, is very quickly relieved. In those cases in which venesection had been practiced, I have found the febricide pill of peculiar restorative influence.

For the cough, ammon. chlor., gr. x, combined with ammon. carb., gr. v, every two or three hours, will be found very advantageous. Heart stimulants should be always employed when cardiac symptoms arise. Digitalis, strychnine, citrate of caffeine, or nitroglycerin, will be found of use. Alcohol should not be employed too early, except in patients addicted to its use. Such patients should receive whisky or brandy in frequent doses—from ½ ounce to 2 ounces every half or one hour. The diet must be exclusively milk. The bowels should be kept in a liquid state, and great care must be observed as to passage of urine—only too often retention occurring, and, owing to carelessness, may be overlooked.

For the convalescence, a nourishing, light diet and some good tonic will be found of great benefit—Restorative *Wine of Coca* (Columbia Chemical Company, Washington, D. C.) probably giving the most satisfactory results.

Treatment of Gleet.

Funk, in discussing the principles of the treatment of gleet, states that in cases of subacute gonorrhœa the best results are secured by the internal use of santal-oil and injections of solution of nitrate of silver (1 to 4000) or Ricord's mixture (sulphate of zinc, 1 gramme—15½ grains; acetate of lead 2 grammes—31 grains; laudanum and tinct. catechu, aa 3 grammes—46½ grains; water, 200 grammes—6½ ounces). In cases of posterior urethritis deep injections of a 1 to 2-per cent. solution of the nitrate with the Ultzmann syringe are efficacious. In the treatment of gleet of the anterior and posterior parts of the urethra the author also recommends cauterization with a 2 to 5-per cent. solution of nitrate of silver. The use of Unna's metallic sounds (No. 18 to 30 Charriere) is warmly commended in cases of deep infiltration of the mucous membrane of the urethra.—*Medycyna*, No. 33, 1893.

The Maryland Medical Journal announces the death of Mrs. S. H. Opie, wife of Dr. Thomas Opie, dean of the College of Physicians.

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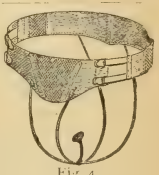

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Fig. 1.

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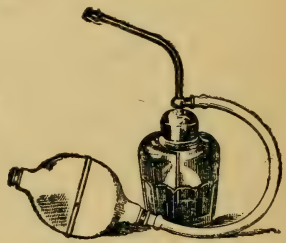

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Miscellaneous.

Strychnine as an Antidote for Chloroform Poisoning.

Washburn ("Therap. Gaz.," February, 1894) records a case of a patient who had swallowed two ounces of chloroform with suicidal intent being found in the street in a condition of profound narcosis. His pupils were widely dilated and inactive. His respiration was so shallow as to be almost imperceptible, and he had the weak, irregular pulse of the dying man. One-twentieth of a grain of strychnine was injected hypodermically, and artificial respiration applied, with the result that, after a few minutes, the whole aspect of the case changed, the respirations becoming deep and full, and the pulse also improved. After an hour another injection of 1-60 gr. of strychnine was given. Two hours after being called to the case the author was able to communicate with the patient, and to get him to confess the cause of his condition. Recovery was complete, the patient, however, passing through a severe attack of gastritis.

Infantile Dietary.

To make prominent a few practical hints, the following are mentioned: Don't give acid milk. Don't use a tube in the nursing-bottle. Don't allow the bottle or nipple to be any other way than aseptic. Don't continue to give stuff that does not nourish. Don't fail to sterilize milk early and then cool rapidly by running cold water. Don't forget the necessity of pure air, cleanliness and proper clothing. Don't forget that the infant is a creature of habit and can be taught the proper frequency and amount of food and the time for sleep. Don't produce colic by allowing milk to flow too freely. Don't forget that infants are sensitive to starches. Remember always to nourish.—*Medical Brief.*

Dr. John S. Billings, of the United States Army has been elected an honorary member of the Royal Academy of Medicine of Belgium; also to membership in the International Statistical Institute, which has its headquarters in Rome.

Professor—How long should a man's legs be in proportion to his body? Mr. Lowstand—Long enough to reach the ground, sir.

Hemoptysis and Hematemesis.

Dr. D. G. Noble, in *Mil. Medical Journal*, says:

Since the patients with hemoptysis often vomit at the same time, and those with hematemesis have a coincident cough, it is not always easy to distinguish hemorrhage from the stomach, from that of the lungs and bronchi, particularly if we are not present at the time. The following points are important for differential diagnosis.

1. Vomited blood is usually dark, blackish, clotted, mixed with food; the coagula, containing no air, are heavier; sometimes it has an acid reaction from the gastric juice. On the other hand, blood from the lungs is usually bright red, frothy, mixed with mucus, not coagulated at first, and if a coagulum does form, it contains air bubbles, and is light; its reaction is always alkaline. But we must remember that fresh blood from the stomach, little affected by the gastric juice, may be bright red; however, subsequent hematemesis may show small portions of black blood.

2. Vomiting of blood is almost always preceded by cardialgia; hemoptysis, on the other hand, is usually preceded by disturbances of respiration.

3. Intelligent patients can usually tell whether vomiting preceded coughing, or, whether the nausea and retching followed by vomiting induced coughing.

4. In hematemesis percussion shows fullness of the stomach, while physical examination of the chest shows no change there. In hemoptysis there is no epigastric dullness on percussion, and in the thorax we almost always find evidences of diseases, or, at least, hear moist rales.

5. After hematemesis, there are almost always bloody stools for a few days; after coughing of blood, instead of these, there is just as often a blood-mucous expectoration.

The preparations of "Pepsin," made by Robinson-Pettet Co., are endorsed by many prominent physicians. We recommend a careful perusal of the advertisement of this well known manufacturing house.

A writer to the Lancet says he knows an old lady in Chester who has had twins fifteen times besides some other single births.

The Mechanism of Labor; Some Experimental and Clinical Observations.

1. The chief factor in determining anterior rotation of the lowest portion of the presenting part is the resistance of the pelvic floor.

2. Complete forward rotation of the presenting part is the rule in primipara; it often fails in multipara.

3. Excessive rotation of the head is a rare condition.

4. A permanent occipito position is more common in multipara than in primipara, other things being equal.

5. Complete shoulder rotation occurs with about equal frequency in primipara and multipara.

6. In primipara and spontaneous delivery the anterior and posterior shoulders appear with about equal frequency.

7. In multipara and spontaneous delivery the posterior shoulders appear first more frequently than the anterior.

8. In spontaneous delivery the posterior shoulder is born first more frequently in both primipara and multipara—three times as frequent as the anterior in primipara, two and one-half times as frequent in multipara

9. The posture of the parturient does not appear to affect the mechanism of shoulder delivery.

10. Manual extraction of the shoulders was found to increase the percentage of perineal lacerations.—*Am. Jour. Obstetrics.*

Death of Dr. Brown-Sequard.

The eminent French physiologist, Dr. Brown-Sequard, died in Paris on April 2.

He was born in 1817, and graduated in medicine in 1840. From 1864 to 1869 he occupied the chair of physiology in Harvard College. Thence he went to Paris, filling a professorship there. He removed to New York in 1873, but returned to Paris in 1878.

He was noted for his original researches and valuable contributions to medical literature.

Prof. Hare says that a combination of bromide and caffeine will often cure a headache that neither the bromide or the caffeine alone will relieve.

A New Treatment of Hydrocele.

Dr. J. Neumann (Weiner Med. Presse) describes a method of treating hydrocele which he has employed successfully in six cases. After careful disinfection a trocar is introduced into the tumor. While the serous fluid is flowing out it is pushed up still higher, left in the sac, and a slightly compressing bandage applied. This is allowed to lie undisturbed for about two days. In all of his cases there followed adhesions of the two layers of the sac without suppuration or inflammation. The time of treatment lasted from seven to nine days. After removal of the canula, the after treatment consisted only of cooling applications as of lead water to the scrotal skin, which will still be reddened and somewhat swollen. The advantages of this method are its simplicity, the shorter duration of treatment, less pain, and assurance against subsequent inflammation. He explains its action by the alteration in the efflux of the fluid, and the pressure of the canula, which easily gives rise to an emigration of leucocytes which, decomposing, give rise to a fibrinogenous ferment which induces coagulation in the serum consequently produced. The slight compression of the bandage, and the draining away of the surplus serum, lead to adhesion of the layers of the serous membrane, so that adhesion without inflammation occurs. Strict asepsis is necessary.

Acne.

℞ Sennine ..... ℥j.
Zinc. Oxydat.
Bismuth. Subnitr ....aa ℥ss.
Oil Wintergreen..... ..... gtts. v.
Lanolin.
Vaselin ....aa ℥ ss.
ℿ. F. ungt.
Sig. Apply externally.

Prof. Parvin says that two hours should be allowed to elapse before active measures are instituted toward the forcible removal of a retained placenta.

Pilocarpin, hypodermically, and not in the stomach, gives the most satisfactory results in erysipelas.

Sulphate magnesia is a good chemical antidote for carbolic acid poisoning.

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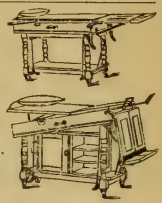

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Non Nocere—Harm Not.

Professor A. Jacobi delivered an address having the suggestive title of Non Nocere. In speaking of the harm that might come to the International Medical Congress, he glanced at the ominous predominance of the social element and the threatened neglect of the scientific work. There was a neglect in the study of special branches at the expense of progress in general medicine. Many of the so-called specialists were untrained men, and others calling themselves scientific men were given to accepting and even advocating proprietary medicines and food nostrums, encouraging fads of sensational treatment of tuberculosis, cholera, and senility. Harm was also done by rash surgical and gynecological interference, while over-dosing was just as bad, as well as the so-called expectant treatment. The latter was often a convenient cover for incompetency and ignorance. Harm was often done by neglecting intubation and tracheotomy at critical junctures. Diseases like pertussis, which could be shortened, must be treated to prevent complications; eruptive diseases be watched and treated to avoid mental disturbances or collapse. Pneumonia may require venesection to save life. In convalescence strong stimulants and great care are needed, and so-called maximum doses were safeguards more for the physician than the patient. He then spoke of the senseless over and under-feeding of the infants, the evil effects of excessive sugar in their foods associated with acid catarrh, while sterilized milk as the only food was highly objectionable. The neglect of asphyxia neonatorum led to cerebral disease and idiocy, and by want of care in asepsis wound-infection in the new-born often occurred. The so-called chronic constipation in infants was due to extra length of sigmoid flexure. Unless this was correctly treated, entritis, and auto-infection with fever followed. The difficulty corrected itself during the sixth or seventh year. Harm was done in diphtheria by forced applications to struggling children. He had collected thirty-three cases of craniotomy for idiocy and macrocephalus, and found that the results were always negative. A skull in Sach's possession proved the existence of contraction rather than enlargement of cranium as the result of operation.—*Medical Record.*

Preventive Treatment of Relapses of Psoriasis.

Bock (*Journal des Maladies Cutanees et Syphilitiques*, January, 1894) is of the opinion that it is possible to prevent recurrences in psoriasis in certain cases, and in others to retard them greatly by the following method of treatment which he has employed with success in a number of instances: After the eruption has been removed by the remedies usually employed, the patient should take a bath of the temperature of 30°-35° C. twice a week, and follow it with the inunction of the following ointment:

℞ Acid. salicylic.....5 grm.
Vaselin,
Lanolin, aa.....50 "

The bath should be taken in the evening, and the ointment allowed to remain over night, washing it off next morning with some non-irritating toilet soap. If the skin becomes irritated, the strength of the ointment should be reduced or the salicylic acid may be replaced by naphthol. Instead of ointments a soap of salicylic acid may be used, the patient rubbing himself with the lather and allowing it to remain until the next morning; or if the skin is irritable, it may be washed off after being allowed to remain on fifteen minutes.

This treatment should be continued for two months, twice a week, then once a week, if there is no sign of relapse, for not less than eighteen months.—*University Medical Journal.*

Relations Between the Uterus and the Eye.

Dr. Janot's work is based on the following conclusions:

1. Certain ocular troubles exist in relation with different physiological and pathological conditions of the uterus.

2. In order to institute an efficacious treatment, it is important to establish their origin.

3. These ocular lesions are much more tenacious when the uterine troubles have persisted for a long time.

4. In a large share of cases they are attributable to infection.

5. The treatment should be addressed to the local condition of the uterus and the vagina, to the local state of the eye, and to the general condition of the patient.—*N. Y. Medical Times.*

The Royal College of Surgeons, of Ireland, elected a female fellow—Dr. Emily Winifred Dickson, of Dublin.

Sir Andrew's Temporary General Instructions to a Patient.

Sir Andrew Clark's professional success was so phenomenal that his life is worthy the study of all. Miss Frances E. Willard, in the St. Louis Medical and Surgical Journal, relates the following as observed during a professional interview with Sir Andrew:

"When I went to see him, he extended a hand white as a lady's and soft as velvet, and, in a voice that matched the hand, went into the most careful diagnosis of my case. Beginning with heredity and ending with the last morsel I had tasted that morning, he followed me through every lane of life, ancestral and individual; carefully examined my lungs and heart, saying (I think this was a part of his mind-cure process): 'Beautiful lungs, beautiful heart, no organic difficulty; overwork, nervous exhaustion. What you need is rest, pure air, cheerful companions, simple diet, and no end of out-of-doors.'

"His manner was reassuring, and had in it a tender considerateness hardly to be expressed. When he asked to take the pulse or see the tongue, he prefaced the request with the words, 'My dear patient.' He prescribed no medicine, but gave me some simple rules, as follows: 'On first waking in the morning, sip about half a pint of water; cold or hot; on rising, take a tepid bath, followed by a brisk general toweling. Clothe warmly and loosely. Avoid chills, damp, and passive exposure to cold. Take three simple, nourishing meals daily, and nothing between them. Breakfast at 8 to 9 on plain or whole-meal bread, or toast and butter with eggs, or fresh fish, or cold chicken; or game or tongue, fresh, not preserved, and towards the close of the meal about half a pint of tea not infused over five minutes, or of cocoatina, or of coffee or milk. Dinner from 1 to 2 o'clock; fresh, well dressed meat, bread, or toast and butter, with broiled fish or cutlets, or a chop, or cold meat or cold chicken, and towards the close of the meal about half a pint of black China tea not infused over five minutes; cocoatina or cocoa-nibs may be substituted for tea if it is preferred and if it agrees. Nothing after supper except that on going to bed you may sip a tumbler of water, hot or cold. Avoid soups, sauces, pickles, spices, curries; salted, smoked, tinned, or otherwise preserved foods; pies, pastry, cheese, creams, ices, jams, dried fruits, raw vegetables, nuts, compotes, confectionery, malt liquors, cider, lemonade, ginger-beer,

much liquid of any sort, and all sweet, sour, and effervescent drinks. Walk at least half an hour twice daily. Retire as soon as possible after 10. See that your room is airy. Avoid self-notice and self-distrust. Shun care and lead a full, regular, and occupied life. Take nothing between meals. Never take a sleeping-draught. Take as little medicine as possible; accept your sufferings; strength is perfected in weakness; in labor you will find life.'"

There is little remarkable in this advice and this professional interview beyond the glimpses it gives of Dr. Clark. Beyond a question, his manner quite as much as his knowledge or professional skill won for him recognition and success. Then he possessed the peculiar tact which enabled him to deal with each individual in the only way by which success could be attained. If he had doubts about the wisest course to pursue, the patient only saw his assuring words, and hopeful glance, and undoubted faith.—*American Lancet.*

Treatment of Chronic Heart Valve Disease.

Dr. James Tyson (*American Journal Medical Sciences*) points out that relief is often obtained from the occasional use of purgatives—five to ten grains of blue mass, followed by a saline, or the continuous use of small doses—one-half to one grain thrice daily. The greater apparent effect of the infusion of digitalis is due to its use in larger dose, although it is likely to be better borne by the stomach. Strophanthus, better borne by the stomach, has been used in doses of ten minims every two hours for forty-eight hours without interruption.

Caffein in three-grain doses every three hours, in mitral regurgitation, is admirable, but is likely to produce insomnia. Sparteine in one-quarter, increased to one-half grain dose, three to five times daily, is of value if a diuretic be desired. For irregularity of heart action and palpitation, more common in mitral disease, belladonna is very useful. A belladonna plaster placed over a palpitating heart is a most efficient agent. Nitroglycerine, one-hundredth of a grain, increased to double the quantity, three times daily, often serves to the same end.—*Medical Standard.*

Cannabis indica, Prof. Hare says, will often be found to be very useful in cases of migraine.

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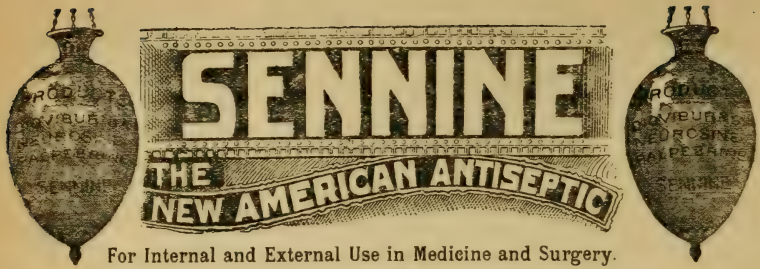

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"I was just about to send a cure for hiccoughs to the New York man whose case has been puzzling the doctors, when I read that he had been cured by laughing heartily at a colored man's description of what seemed to the patient a most ridiculous cure," said a Pittsburg physician. "You hear of numerous cures for hiccoughs, such as holding your fingers in the ears and having some one give you a drink of water, holding one's breath for a period, etc., but I doubt if any will stand the test as well as a practical cure, which for twenty years has never failed me once in all the hundreds of cases I have tried it. It may seem just as ridiculous as the cure proposed by the colored man in New York—so ridiculous that many will not think it worth while to try—it is nevertheless a sure cure. All you have to do is to lie down, stretch your head back as far as possible, open your mouth widely, then hold two fingers above the head, well back, so that you have to strain the eyes to see them, gaze intently upon them and take long, full breaths. In a short time you will be relieved of that troublesome hiccough. Now, I have tried that sure cure on all sorts of cases, from the simple form to the chronic, and it works well with all. I remember it was given to a man on the way to New York to consult a specialist on his case—one of six months' standing—and it cured him in a few minutes. He turned around and said: 'What do you charge for that?' 'Nothing,' was the reply, 'except that you publish it to sufferers.'"

The *Southern Clinic* thinks that a physician has a right to maintain as secret any knowledge which he may acquire, and use this secret knowledge as he deems for his interest. It enumerates many other things which it regards as quite consistent with all that is best in the medical profession. Thus, he may advertise, may practice peculiar methods. use his own private formulæ, etc. It would seem as if it thinks that a doctor may receive all the knowledge which others have labored to acquire, and yet refuse to give of his own knowledge, and still be a gentleman. Possibly, but in this latitude such individuals are known as "hogs."

Mineral acids are astringent to the mucous membrane of the alimentary tract, except nitric acid.

Treatment of Erysipelas.

The new treatment consists in covering the afflicted parts and a portion of the surrounding healthy skin with a thick layer of white vaseline. This, in its turn, is covered with a mask of linen, and held in position by means of gauze bandages. The application is made twice a day. The results obtained by this method are very favorable and gratifying when compared with those following other methods, as painting with tincture of iodine, ichthyol or sublimate, lanoline, etc. Fever, as a rule, diminished within two or three days, pain and tension in the affected parts were relieved, and recurrences were observed with no more frequency than in cases in which other methods were employed. In some cases suceess was astonishing. Patients who came under treatment in the evening with a temperature of 40° C. were in an afebrile condition on the following day, and the extension of the process was checked. Such striking effect was not seen in every case, but even if the disease spread, its course was limited to small areas. The advantages of this method consist in the innocuousness of the remedy and the absence of pain and irritation which accompanies the application of such substances as iodine or bichloride.

The Debt we Owe Dr. Koch.

Because the treatment of tuberculosis in man by the method advocated by the over zealous friends of Prof. Koch did not meet with the success anticipated, a large number of the medical profession began to cast slurs and say all manner of unkind things against this earnest investigator. How common even now is it to hear the question sneeringly asked, "Where is Prof. Koch and his tuberculin!" We have always believed in Prof. Koch, as a most careful, conscientious and earnest investigator who would prove the truthfulness of his conclusions if he were permitted to live a sufficient length of time. While thus far he may not have proved that he has a specific for consumption, yet we have rlways believed that he was on the right track for such an end, and we believe more firmly than ever to-day that such is the case. The medical profession owes a debt to Prof. Koch which it can never repay, and this debt is all the larger because of the disbelief in his work which so many have shown.—*Ed. in Food Pittsburgh Medical Review.*

The Value of the Hands and Fingers.

Surgeons have often to estimate the chances of saving injured hands, and the comparative values of hands and fingers. According to a scale of value furnished by the miners' unions and miners' accident insurance companies of Germany, the loss of both hands is valued at one hundred per cent., or the whole ability to earn a living. Losing the right hand depreciates the value of an individual as a worker seventy or eighty per cent., while the loss of the left hand represents from sixty to seventy per cent. of the earnings of both hands. The thumb is reckoned to be worth from twenty to thirty per cent. of the earnings. The first finger of the right hand is valued at from fourteen to eighteen per cent., that of the left hand at from eight to thirteen-and-one-half per cent. The middle finger is worth from ten to sixteen per cent. The third finger stands least of all in value; although, like other useless members of the community, it is surrounded by riches; its value is only from seven to nine per cent. The little finger is worth from nine to twelve per cent. The difference in the percentages is occasioned by the difference in the trade; the first finger being, for instance, more valuable to a writer than to a digger.—*Med. Age.*

Alcohol in Shock.

Dr. Wood is authority for the statement: "That alcohol is probably of no value whatever in shock; indeed, I am perfectly sure that a large dose of alcohol in shock puts one nail in the coffin of the patient, and if you want your patients to come out of shock you will be very careful in giving them alcohol, Alcohol stimulates the heart, but it paralyzes rather than stimulates the blood vessels." The theory is, "by its action on the blood cells it checks oxidation and limits the power of absorbing oxygen and eliminating carbonic gas."

Physicians of Louisville are now compelled to pay a license of ten dollars a year. Thus the 340 physicians of that city hand over to the city treasury $3,400 annually, and yet they are expected to give much of their time and skill to charitable institutions of this city. They wish to retaliate by charging the city for all charitable work.—*Maryland Medical Journal.*

Treatment of Epilepsy.

We cannot speak in too strong terms of our confidence in the Elixir Six Bromides for the relief of this most miserable malady. Each teaspoonful contains 15 grains of the combined Bromides. Once every three or four weeks it is advisable to administer a brisk aperient so as to cleanse the entire alimentary tract, and in the case of robust patients leeches applied once a month behind the ears are beneficial. Improvement is said to be rapid under the Six Bromides, and what recommends this treatment, skin eruptions and great drowsiness never occur from its administration. The Bromides must be given continuously for years and must not be dropped abruptly, but gradually diminished in quantity as circumstances permit.

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Aching void your skull inside,
Down your back the cold chills ride;
Faster still like fiends let slip—
That's "La Grippe."

Water scalds eyes, nose and cheek,
Makes you look like "Barnum's Freak;"
Cold sores gather on your lip—
That's "La Grippe."

Sense of taste and smell are gone,
Sense of hearing follows on;
Sparks before your eyeballs skip—
That's "La Grippe."

Ammonia and camphor, too,
Might as well be liquid glue;
One sense left to feel each nip—
That's "La Grippe."

Every little while you sneeze,
For a change you cough and wheeze;
Heart throbs fast and gives a dip—
That's "La Grippe."

Microbes in the corners lurk,
Each as savage as a Turk:
Waiting chance your blood to sip—
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Conscience seems affected, quite
Hardly knows which way is right;
Cares not how the world may tip—
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N. Y. Medical Times.

Treatment of Asthma.

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The Use of Sulphur in Surgery.

In diseases of bones and joints, especially of tubercular character, W. Arbuthnot Laner, F. R. C. S., removes the diseased bone and synovial membranes, and then rubs in sterilized sulphur. With regard to the action of sulphur, he concludes:

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4. It acts much more powerfully upon recently incised structures than upon granulating surfaces.

5. Its action is rendered more uniform and general, and less violent, by mixing it with glycerine.

6. If it be necessary to use a considerable quantity of the drug, it must be removed within a few days. Irrigation with dilute perchlorid of mercury lotion has proved very useful in the removal of small sloughs, etc., after the sulphur has been evacuated and the structures scraped.—*N. Y. Medical Times.*

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"Yes, I'm in the lecture business," said the long-haired passenger, "and I'm making money. I've got a scheme that works to a charm. Big houses wherever I go."

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An infuriated doctor frees his mind through the columns of the New York Medical Journal. His daughter, while attending school, was sick, and her friends called a homœopathic doctor to attend her. As a result, he received a bill for services rendered at usual rates. The writer's plaint had two counts: first, that he was compelled to pay a doctor; and second, that he was compelled to pay a homœopathic doctor.—*Lancet.*

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Another Irish Outrage.

A cause of complaint in Dublin is that English merchants insist upon shipping lobsters to Ireland already boiled. It is well known that our Milesian friends have no use for anything that takes off the green to put on the red.

An amazing instance of command of mind over body was furnished by Hermann, the well-known necromancer, during his recent visit to Boston, says the N. E. Medical Gazette. In a personal chat with a physician, he mentioned that in the course of his investigations into hypnotism, auto-suggestion and other mental phenomena, he had acquired the power of suspending absolutely, at will, the pulsations of his own heart. Seeing, perhaps, a not unnatural expression of incredulity on the face of his interlocutor, Hermann held out his wrist. "Feel my pulse, doctor!" It was found to be a strong and steady one. "When you are ready, doctor, say to my pulse, 'stop!'" After a second or two of study of the pulse-rhythm, the physician said abruptly, "stop!" Instantly the pulse-beat ceased, absolutely and utterly. For a few seconds, naturally seeming a much longer time, the great magician's wrist remained in the physician's grasp, absolutely pulseless! This is by no means the first exhibition by Hermann of a power even more interesting to scientists than his clever feats of legerdemain are to the laity. That such control of what we are wont to regard as an absolutely involuntary function is possible, is a fact highly suggestive to the student of mental pathology or of mental therapeutics, pointing as it does to vast and unexplored fields in both these branches of study.—*N. Y. Medical Times.*

The Globe Nebulizer is giving perfect satisfaction in the treatment of catarrhal affections of the nose, throat, middle ear and bronchial tubes. It is so constructed that balsams, oils and aqueous solutions are vaporized and applied directly to diseased parts. Its use in the treatment of hay fever has been highly successful. It is a first-class instrument and can be highly recommended.

Typhoid from Milk.

There is stated to be an epidemic of typhoid fever in Mont Clair, N. J., traceable to contaminated milk supplied by a local dealer.

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Simple Remedies for Constipation.

A tart apple eaten on rising and followed by a glass of cold water, with a regular time for morning stool, preferably within one hour after the morning meal—oftentimes a simple glass of cold water, to which is added a pinch of sodium chloride, five grains or less, drank before breakfast—will produce the desired effect.

Dr. William Pepper has resigned as provost of the University of Pennsylvania after a long term of service, in which he has seen the University grow and develop to its present large size and great influence. Dr. Pepper will hold his professorship of medicine in the medical department, and will devote himself more especially to that school and the hospital.

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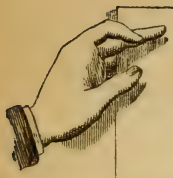

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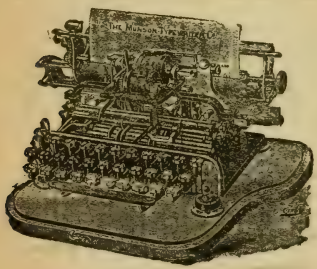

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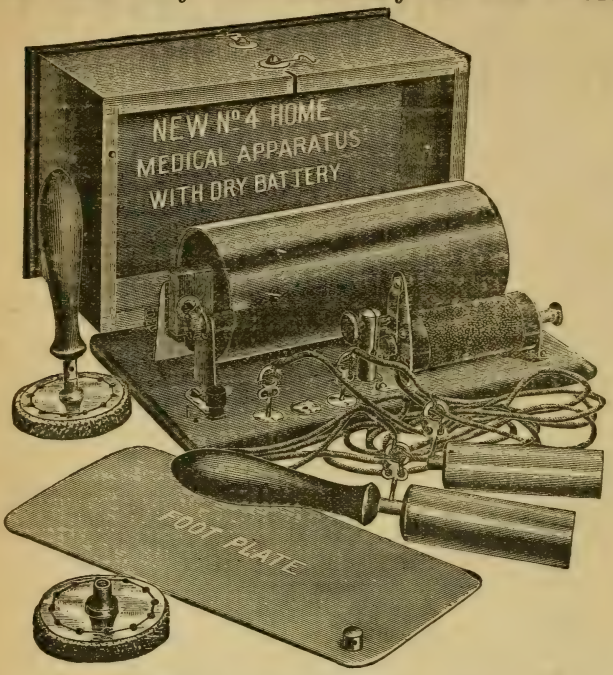

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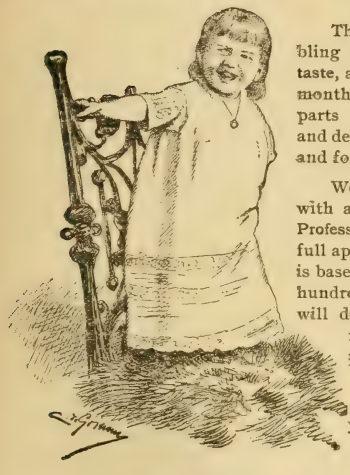

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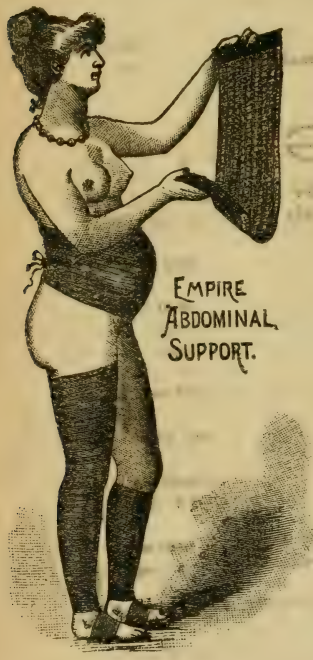

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MEDICAL PROPERTIES.

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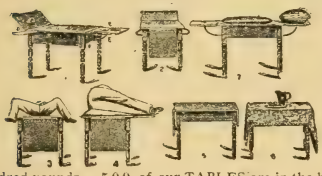

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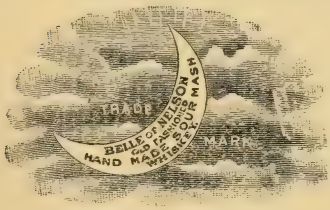

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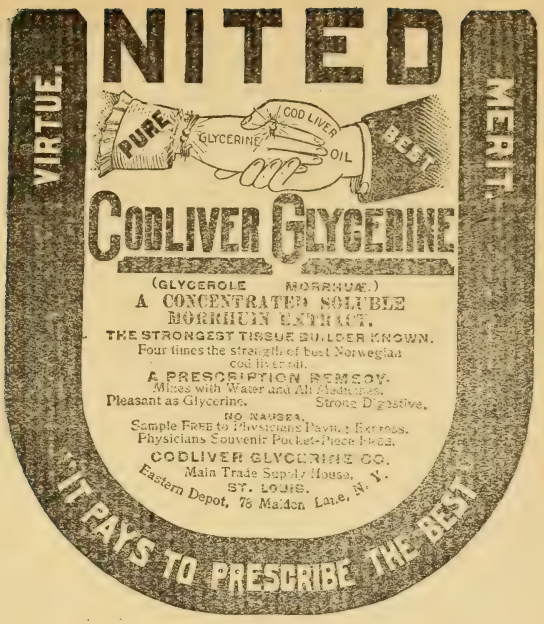

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Charlotte Medical Journal.

Vol. IV. CHARLOTTE, N. C., JUNE, 1894. No. 6.

Original Communications.

Nephrotomy.

By R. L. Gibbon, M. D., Charlotte, N. C.

Written Expressly for this Journal.

"The incision of the kidney for the purpose of the evacuation of the retained serum, pus, and calculi is a safe operation, often possessing the dignity of a life-saving procedure." Compare this statement taken from one of our late works on Surgery with the following extract from Cooper's Surgical Dictionary published in 1845, and we get some idea of the advance made during the last half century in the Science and art of Surgery.

Nephrotomy is defined by Cooper as "the operation of cutting a stone out of the kidney; a proceeding which, perhaps, has never been actually put in practice." He then refers to two supposed cases of the operation—one reported in France, and the other appearing in Philadelphia Trans. 1796. The first of these, that reported in Ambrige Chronologique de l'Histoire de France, is thought to have been nothing more than the high operation for stone; while there is considerable doubt that an incision was really made into the kidney in the instance reported from Philadelphia. "There is no doubt that stones have often been extracted from abscesses in the region of the kidney, after being touched with a probe. But with regard to cutting into the kidney, the deep situation of this viscus, and the want of symptoms, by which the lodgment of a stone in it can be certainly discovered, will always be a strong objection to the practice."—(Cooper's Dic.)

From the above quotation we can form an idea of the status of renal surgery only fifty years ago. Even so late a writer Roberts on "Urinary and Renal Diseases" (1885), only advises operative measures "where suppuration has taken place and the abscess is manifestly pointing in the loins."

The operation of Nephrotomy has been performed twice within the last twelve months, at St. Peter's Hospital, in this city. In the first case (reported in detail in the N. C. Med. Jour. for May, 1894), the kidney was found to contain several stones, all but one of which were removed, with much benefit to the patient. Subsequent circumstances, however, necessitated the entire removal of the diseased organ, in June, 1893. The operation was followed by recovery, and there has been no further kidney disturbance, but the patient is unfortunately addicted to the morphine habit, a practice he contracted prior to the operation.

The second case, Mr. J. M., a Mecklenburg farmer, 25 years of age, was operated on during February of this year. Mr. M. suffered from constant pain in the neighborhood of the left kidney; his urine was loaded with pus and was extremely offensive; he was entirely incapacitated for business, and had been using laudanum quite freely for some time. No albumen or sugar was found in the urine. A microscopic examination was not made. The usual incision for lumbar Nephrotomy was made down to the kidney; an opening into this viscus was followed by a flow of most fetid pus, but the finger inserted into the pelvis could detect no foreign substance. The kidney was irrigated, a drainage tube placed in position, and the wound dressed. The pus did not flow freely through the tube, and some weeks later a larger opening was made in the kidney, since which time the symptoms have been much improved. The patient is now attending to his farm, suffers no pain, the urine is clear, and he would feel absolutely well, but for the fact that it has been found necessary to keep a drainage tube in the kidney up to the present time. It is impossible to say now how much longer this precaution will be needed.

This case is an unsatisfactory one in the fact that no cause for the pyonephrosis has, as yet, been discovered. It may possibly be of tuberculous origin, though the patient is now, to all appearances, in robust health.

The chief difficulty which confronts one in dealing with these cases, lies in locating the trouble. It is often impossible to tell whether one or both kidneys are affected. When one only is diseased it is sometimes a question, in the absence of pain and anything like a tumor, to know on which side we will find the affected organ. Dr. Kelly, of Johns Hopkins, has devised an improved

method of catheterizing the ureter in the female, and with the aid of the cystoscope the pus may be seen as it passes from the ureter of the diseased kidneys. With the help of these two means of accurate diagnosis, it would be possible to reach a certain conclusion as regards the female. In the male the only positive means of making a correct diagnosis consists in aspiration or exploratory incision. Dr. Noble, of Philadelphia, has suggested the plan of cutting down upon the kidney in the usual way, dissecting it loose from the surrounding connective tissue, when it will be possible to draw the entire organ through the incision where it can be examined to the best advantage. The attachment of the kidney permits of this being done without serious risk, while the information gained is of great value.

In the two cases mentioned here, the presence of localized pain clearly pointed to the seat of disease.

Some Reminiscences of the Early Physicians of the Albemarle Section of North Carolina.

By RICHARD DILLARD, M. D., Edenton, N. C.

Written Expressly for this Journal.]

Few sections have had so many distinguished medical men as this: One was Governor, two wrote histories of the State, some won honors in foreign lands, while others have served their country both in peace and war, and filled almost every position of honor and trust.

The first physician who located in North Carolina to practice his profession was, so far as there is any record of tradition, Dr. Godfrey Spruill, who was living in Edenton about 1702, and nothing is known concerning him save the fact that he was employed by the vestry of St. Paul's Church, Edenton (then called Chowan Precinct), to attend one Elinor Adams; the record runs thus: "Information being made by Capt. Thos. Blount that Elinor Adams by of Infirmity and Indigence is in great danger of being lost for want of Assistance, Ordered that Captt Thomas Blount treat with Doctr Godfrey Spruill in order to her cure, and that Doctor Godfrey Spruill be paid for his Physick and Cure by the Church Wardens five pounds, and Capt Thomas Blount is requested by Vestry to endeavour to oblige the said Elinor to Serve the Doctor for the use of his House and nursing." (Vide Colonial Records.)

As a sequel we find further on in the records that he was paid for his services. The next member of the profession to locate here was "George Allen, Chyrurgeon;" he is described in the Colonial Records as being "a man of vile Character & lately condemned at Williamsburgh for cursing King George and Mr. Drysdale who is Govr of Virginia." Not long after that a bill of indictment was brought here against him for going privately armed and assaulting the Governor. He was a wicked and turbulent spirit, and seemed to be constantly at war with the public authorities. It was doubtless the reputation of this renegade which caused Thos. Iredell, of Jamaica, in after years, to write his nephew James Iredell, who had just located here, "You have without doubt physicians who understand to prescribe, but unfortunately for their patients those gentlemen more commonly understand their trades better than their profession, and it is more for their interest (how criminal soever it may be), to exercise the one, than practise the other. In short, if your doctor has not some friendship for you, you must pay severely both in pocket and person." (Vide Life and Correspondence James Iredell.)

Probably the most interesting figure who located here in early times was Dr. John Brickell, who came here with Gov. Burlington in 1724, and was appointed by him to make an exploration into the interior with the view of securing the friendship of the Cherokee Indians. He left here in 1730 with ten men and two Indians, and traveled fifteen days without having seen a human being. At the foot of the mountains they met the Indians, who received them kindly and conducted them to the camp, where they spent two days with the chief, who reluctantly permitted them to return. They made the entire journey on horseback in thirty-two days. He describes the trip very interestingly in the history which he wrote of North Carolina. They built large fires and cooked the game which the two Indians killed; and served it upon pine-bark dishes. At night they tethered their horses, and slept upon the gray Spanish moss which hung from the trees. They lived in a truly Robin Hood style, and the tour seems to have been more for romance and adventure than for scientific research. It is a counterpart in history of the adventures of the "Knights of the Golden Horseshoe" to the Blue Ridge of Virginia under Gov. Spotswood. Br. Brickell had a brother, who settled in Hertford county in 1739,

the Rev. Matthias Brickell, from whom is descended some of the best families of that county.

Another prominent physician who lived was Gabriel Johnston, a governor of North Carolina. To write a sketch of his life would be to give a history of the Province during his term of office. He was a graduate of the University of St. Andrews, Scotland, subsequently held a chair there, and was a contributor to that noted journal, "The Craftsman." The affairs of State so engrossed his time that it is doubtful if he ever practiced in America the profession in which he was so learned. He was the best of our colonial governors.

Dr. William Savage was another member of the profession here in early days, and was undoubtedly a man of character, position and great wealth. He owned John's Island, which subsequently belonged to Stephen Cabarrus, and is described on the records of the court as "that island opposite the town of Edenton called Strawberry Island, and containing about 140 acres." The water has so encroached upon this land that barely two acres remain. Iredell mentions him several times in his diary as a very reliable man. He practiced here about 1770, and died 1780, and must have been a gentleman of considerable professional attainments.

Beneath the shadow of the large cedar trees in Hayes graveyard is a moss-covered slab of red sandstone; the overhanging branches waving to and fro in the spring sunshine cast strange silhouettes upon the grave, and puts one to day-dreaming. The epitaph reads: "Dr. Sylvester Homer, who departed this life in 1794, age 29 years." Beyond this, there is nothing known of his life, save the fact that that he married a Miss Blair, a niece of Gov. Johnston, but the modesty and simplicity of his epitaph might be taken as a true index of his character. "The silver cord was loosed and the pitcher broken at the fountain" ere life's ascending sun had risen high upon his bright and useful life. All who knew him or about him have long since passed beyond the tide, and—

"The mossy marbles rest
On the lips that he has pressed
In their bloom;
And the names he loved to hear
Have been carved for many a year
On the tomb."

The broad daylight of medical science had not broken with its rays of splendor upon the world in his day. No science has pro-

gressed so rapidly as that of medicine; it flourished even in the dark ages, in the cloistered chambers of the monks. The rusty locks of the vast treasuries of knowledge have now yielded to the golden keys of scientific research, and medical science has worked out the endless combinations of the vaults of nature: but knowledge is labyrinthine—there are many winding passages and dark chambers still to be explored.

It does seem wonderful to us that the circulation of the blood was not discovered until 1628. Paracelsus in 1526 taught cabalistic medicine, or the influence of the planets over diseases, and read their symptoms from the stars. The signs of the Zodiac are even to this day believed by the superstitious to influence wounds and operations upon different parts of the body. He believed that an abstract something, which he called Tartar, was the cause of all diseases.

In 460 B. C., Hippocrates, of Cos, gave forth his apothegem that "Medicine consists in addition and subtraction—the addition of the things which are deficient, and the subtraction of those things which are redundant. He who practices this is this best physician, but he whose practice is farthest from it is the farthest removed from a knowledge of the art." He was the father of what is now called the regular school of medicine, and stamped that dignity and honor upon the profession which it now bears. He required each neophyte to take an oath, and this every one tacitly takes even now upon entering the profession. It has been beautifully transposed from the Greek into verse by Dr. James Aitken Meigs, of Philadelphia. They swore:

"To wield the sword of knowledge in relief
Of sick and suffering ones, and those with grief
Bowed down, and over-weighted with much care.
And further, you must solemnly declare
That you in purity and holiness
Will live, and exercise your art to bless
Mankind; from acts of mischief will abstain,
And all seductive wiles; and will refrain
From giving drugs for deadly purposes
Or vile. And when some aching brain discloses
The secrets of a sad or guilty life
Which best the world should never know, lest strife
And ill example follow, you will hide
Such secrets whilst you counsel, whilst you chide."

This is the exalted Hippocratic oath, and forms the foundation stone of the present code of medical honor. In the early days of

medical science the profession was not so exalted as now, surgeons were called "leeches," and were compelled to shave those who applied to them, and the apothecary to administer glysters. Upon one occasion a lady's pet canary swallowed her diamond. Being in a dilemma, she naturally applied to a medical friend for assistance to recover the gem without killing the bird. Some wit, hearing of it, composed the following:

"The doctor used his oily art
Of strong emetic kind;
The apothecary played his part
And engineered behind."

I clip the following from the Edenton Gazette, published here about 1810, and doubtless written by some member of the profession here:

"God and the doctor we alike adore,
Just on the brink of danger, not before,
The danger passed, both are alike requited,
God is forgotten, and the doctor slighted."

This recalls an incident concerning an old doctor who once lived in a neighboring town, and who would always, when drinking, burlesque himself and the profession by singing this song, entirely peculiar to himself:

"When a man is a little bit poorly,
He makes a big fuss;
Then hires a nurse,
And sends for a doctor to make him worse,"

The physician is no longer the autocrat of the sick room as formerly, patent medicines have divided his honors.

Shakspeare was fond of making thrusts at the profession, and especially does he make Timon, of Athens, exclaim:

"Trust not the physician,
His antidotes are poison, and he slays
More than you rob."

And Dryden says:

"Better search the fields for health unbought,
Than pay the doctor for a nauseous draught."

Hugh Williamson, M. D., L.L.D., though a native of Pennsylvania, practiced here. His father and mother were captured at sea while on their way to this country by the celebrated Blackbeard, but were finally set free after having been despoiled of their property.

Dr. Williamson first preached in Philadelphia two years, then

was Professor of Mathematics in the University of Pennsylvania, and not finding either of these congenial occupations, finally studied medicine at Edingburg and Leyden, and was induced by friends in 1777 to locate in Edenton.

At the first commencement of the University of Pennsylvania held in May, 1757, he received the degree of A. B., along with six others. He was a man of varied acquirements outside of his profession, a philosopher, historian, politician, and possessed considerable knowledge of law, He was an incessant talker and a voluminous writer, though his style is easy and graceful, but he had the reputation of frequently embelishing his statements with the *couleur de rose*. Bancroft, though he quotes quite freely from his history, refers to it as "that inaccurate history of North Carolina." "His faults, whatever they might have been, sink into insignificance beside his virtues." Wheeler says of him: "No man ever lived in our State whose character for justice and honor ever stood higher; his aims were for his country, and her honor." He was a member of the Holland Society of Sciences, of the Society of Arts and Sciences of Utrecht, and of the American Philosophical Society, and was appointed by it one of the committee to observe the transit of Venus over the Sun in 1769. Dr. Williamson represented Edenton in the Commons in 1782, was a delegate to the convention which formed the Federal Constitution, and was a member of Congress 1790–'92, and Jefferson was much impressed with his ability there. During the Revolution he was a member of Caswell's medical staff and exhibited great bravery on the field. He was one of the first trustees of our University, and was requested by them in 1795 to invest some money in books. This was the first step toward the foundation of that large and valuable library. Williamson wrote a good deal about the climate of Eastern Carolina, malarial diseases, and the best methods of preventing them. He was, no doubt, an apostle of the Hepatic Creed, whose dogma was "one organ, the liver; one disease, biliary derangement; one remedy, mercury." Blood letting was practiced indiscriminately in his day, and the old fashioned "ten and ten" was given to every patient.

The doctors in those days did not have the elegant pharmaceutical preparations, or the skilled druggists, as now, but compounded and dispensed their own medicines. The favorite prescription here in those days for the malarial fevers was "one half a pint of chamo-

mile tea every morning on an empty stomach," and this was to be kept up through the entire malarial season. Quinine was unknown to the world then, though the Peruvian Bark had been introduced some time by the Jesuits.

Dr. Samuel Dickinson was born in Connecticut in 1743, and died in 1802. He graduated in medicine at some foreign school, most probably Edinburgh; as that was the medical center of the world then, and located in Edenton.

About 1777 he bought the Corbin house, sometimes improperly called the "governors palace," which is still occupied by his descendants. I was shown a few days ago some of his china, beautifully decorated with his monogram. His arms and chest still hang upon the walls of that quaint old mansion, and from its breezy cupola, which seems to stare vacantly at the distant shore, the engagement between the Confederate Ram Albemarle, and the double-enders under Capt. Melancton Smith, was watched by his granddaughters through a spy glass. Dr. Dickinson's office stood where the corner store on the lot now stands. He had associated with him a young Dr. Beasley, whose portrait was found not long ago in a negro house down on the wharf, and was used as a cover to a meal barrel. This Dr. Beasley was descended from John Beasley, a signer of the St. Paul's Vestry Resolutions of June 19th, 1776. Miss Sallie Beasley, his beautiful daughter, was engaged to the gallant and chivalrous Major Ringold, who fell covered with glory on the sanguine field of Palo Alto. This so affected her mind that she soon became hopelessly insane and died.

Dr. Dickinson was a man of wealth and engaged in some large land schemes across the sound. He was a distinguished physician and was often called in consultation to Norfolk, and met his death from exposure in crossing the Albemarle Sound to see some member of the Armistead family.

Dr. Matthias E. Sawyer was an eminent practitioner of medicine here about 1825, and published a book about that time on the "Fevers of Eastern North Carolina," but at this writing I have been unable to find a single copy in existence. Very little is known concerning most of these great and good men, and though they fill no page in the "dusty archives which ages keep," their names are engraved in living tines on the Book of Life.

Among the most prominent physicians of a more recent date are

the Warrens, and particularly the brilliant Warren-Bey, whose genius shone upon three continents, and whose checkered life reads like some Eastern romance, the Norcoms, Dr. Dillard, Sr., and Dr. D. M. Wright, a guiltless martyr of the Lost Cause, and there are a host of others too numerous for this short sketch who have passed over the waste fields of death into the hereafter—men who forgot themselves to bless mankind.

"A wise physician, skilled in wounds to heal,
Is more than armies to the public weal."

Why More Phthisical Patients do not Recover.

By C. F. McGahan, M. D., Sec. of the So. Ca. State Board of Med. Ex., Aiken, S. C.

Written Expressly for The Charlotte Medical Journal.

Located as I have been for many years at Aiken, S. C., the queen of winter resorts for pulmonary troubles, and in the summer at Bethlehem, N. H., which has been called the hub of the White Mountains, my opportunities to observe phthisis, in all forms and under all circumstances, has been quite extensive. I have seen it in the lonely hovels of the poor, in the palaces of the rich, from the babe that has hardly left the mother's breast, to old age tottering to the grave. Some recover, but many drop by the road side who could be saved if they were only properly instructed in what they should and should not do.

From the medical profession must this instruction come, and it is our duty when we examine a case to tell the patient truthfully what our diagnosis is. Do not call phthisis, bronchitis, etc., but on the other hand do not tell a patient in the second stage of phthisis that the chances are he will not get well. Encourage him all you can, but at the same time impress upon him the gravity of his malady, and make him understand that it is only with the utmost care that he will recover.

I have seen two years improvement destroyed by a single debauch of one night, the patient paying for his recklessness by his life, when he should be alive to-day.

I know it is hard for the sympathetic family physician to tell parents that their only child has symptoms of consumption, that dreaded disease, which they have always considered incurable, or so to inform a wife about her husband, or the husband about the wife.

He shrinks from alarming them, says the chest is weak, and that they had better go South for the winter, stay out of doors and return home well in the spring. Acting upon this advice they go South, and not thinking that there is much the matter with them, they will not put themselves under the care of a physician, but act as they please, doing things that are actually injurious to them through ignorance.

They will go about with a hacking cough and tired feeling, but will assure you with a pleasant smile that they are a little run down and will be all right in a short time. Possibly after remaining a month in this condition and not improving, they will consult the physician of the place to know if that place agrees with them, after they have lost one month of valuable time.

No matter how slightly a patient may be out of health, if it is necessary to put him to the inconvenience of staying away from his friends and home for the winter, he should be under medical supervision. Medical supervision does not mean to dose the pliable victim with drugs, but more especially does it include a regular plan of daily life with regard to diet, rest and exercise, and no one can give this advice as well as the physician who has charge of the different resorts, as he sees the patients frequently either on the walks or in his office, and can study the requiremeuts of each individual case.

So much for the causes that come from ignorance, but we see many cases of pure recklessness, in which young men will indulge in all excesses and vices, as if they were perfectly well, they will smoke, dance and drink, and young women will appear in cold weather with low-neck dresses and slippers—these are the cases that would come under Dr. Bennett's category, when he says that "consumption is a disease from which no fool recovers." Much can even be done with these cases by laying the facts clearly before them. The most important thing to do is to take complete rest, and by it I mean to avoid pleasures and amusements that tax the energies. Lie down an hour before dinner and before supper, and simply lead a life of muscular and mental quietude. Take sufficient exercise to keep the digestion and appetite in good order, but for the first six weeks more attention should be directed to rest than exercise. After that the patient should commence his exercise and he should be as thoroughly instructed in it and as carefully told

just how much to do and how much not to do, as he would be directed to take the dose of any medicine.

As regards diet, it should consist of as much nourishing food as possible—for example, roast beef, and steak with mutton chops, milk, eggs, chicken, oat meal and a little stale bread, while pastry, entrees and most cerials should be avoided.

A Review of Anæsthesia and Anæsthetics.

Upon Works of Eminent Anæsthetians.

By J. J. Caldwell, M. D., Neurologist, and Expert in Medico-Legal Procedure.

Prepared Expressly for the Charlotte Medical Journal.

This is bold doctrine certainly, and the conclusions, though founded on an extensive practice and copious in statistics, are such as most of us would shrink from. Yet we can hardly tell how far this shrinking from an acceptance of such doctrine is the effect of the previous instilment of a contrary doctrine, so potent is education in moulding our ideas of the proper thing, and so difficult is emancipation from precedent. It is the bold who ever succeed; and that death at the surgeon's hands is due to timidity, arising from imperfect knowledge, rather than from the boldness of complete mastering of the subject, is more true than we perhaps care to acknowledge. The horizontal position is insisted upon by all modern chloroformists as *sine qua non* to its safe administration; and abstinence, as a matter of course, is no less judicious. The pallor which has frightened so many, coming on at the advent of the administration is, as he suggests, often only the precursor of emesis, which, if occurring must be watched, as fatal accidents have arisen from the passage of ejecta into the trachea. Death from chloroform at the hands of the dentist is, relatively speaking, much more common than with the general surgeon. The solution seems to be found in the fact that ænemia of the brain is induced by the drug, which assuredly profoundly depresses that organ, and this ænemia, inducing cyncope, is again reflected on the heart, inducing paralysis of that centre of life; then, with two legs of the great tripod of Bichat, taken away, the catastrophe is precipitated. Hence, decubitus is insisted upon.

These preparations of anæsthesia is well known. The horizontal

position, just adverted to; the empty stomaah; the perfect freedom of respiration, guaranteed by the absolutely loose clothing; and, finally, the pre-administration of whiskey. This last should be ever borne in mind, remembering that alcohol of itself is a true anæsthetic, and its usefulness in conjunction with chloroform is no longer a matter of theory. Yet the old observation of Paget, corroborated by every day experience, must be kept in view, that none bear operations so badly, and in no case does the experienced surgeon so shrink from grave operations as on confirmed inebriates. Lately, Dr. Hunter McGuire, of Richmond, Va., has announced, and his observations are confirmed by others, that quinia is of essential service in preventing or modifying surgical shock; a discovery of profound importance, if true, and one which will go far to relieve the mind of the sympathetic and ever-solicitous surgeon, burdoned as he must be with a sense of responsibility.

Dr. Comes, of Louisville, Ky., in a late paper on chloroform thinks the chief danger from that agent arises from an accumulation of it in the system, which result, he judges, would likely occur when it is given tardily. And the weight of opinion seems of late to favor rapid, rather than slow, administration of this anæsthetic; a prompt overwhelming of the patient rather than a slow and cautious bringing on of the unconscious condition. Caution is not at all incompatible with vigorous action, and the timid creeping of the fearful may, indeed, see a cause of unsuspected danger—injury arising out of the very means taken to prevent it. Dr. C. thinks our American people less easily overcome by chloroform than Europeans, except the Irish, and finds that the Germans and negroes yield readily to its influence.

We may sum up the present attitude of the advocates of anæsthesia in the famous words of the famous Syme, who said that he "had given chloroform for years without accident, and attributed his success to two causes: First, he always used pure chloroform; and, second, he always gave plenty of it." And he is followed of late by Prof. Chisholm with the glowing tribute that "it is God's latest and best gift to man."

Says Harriman: "No wonder, therefore, that at the first achievement of anæsthetics the hearts of philanthropists beat with joy, and dental and other surgeons were greatly rejoiced. No wonder, when, after repeated experiments, it became a settled fact that pain

was entirely unknown to the subject of capital operation, that Oliver Wendell Holmes, M. D., a favorite (as all will attest) of science and the muses, declared: "The knife is searching for disease, the pulleys are dragging back dislocated limbs, nature herself is working out the primal curse which doomed the tenderest of her creatures to the sharpest trial; but the fierce extremity of suffering has been steeped in the waters of forgetfulness and the deepest furrow in the knotted brow of agony been smoothed forever. No marvel that the late John C. Warren, M. D., of Boston, a leading surgeon, who had long witnessed the terrible sufferings of his numerous patients while enduring surgical operations, when he was assured of the power of anæsthetics exclaimed: "Who could have imagined that drawing the knife over the delicate skin of the face might produce a sensation of unmixed delight; that the turning and twisting of the instruments in the most sensitive bladder might be accompanied by a beautiful dream."

To all this the dental surgeon of the days when patients dragged themselves with reluctant steps to the chair might add: "How amazing that the profession can now perform their most difficult operation whilst they who are being racked and torn are entirely insensible!" But so it is. All honor to the great Creator, who has given us the great blessing, anæsthetics!

Nitrous-Oxide Gas.—This gas is generated for æsthetic purposes from the nitrate of ammonia, by the application of sufficient heat to volatilize it. Care should be taken, however, not to apply the heat in excess, for then will be found nitric-oxide, which gas is a poison. Too great heat would also force the gas through the wash-bottles at such a rate of speed as to prevent the complete absorption of the impurities it contains. Great care should be exercised in the preparation of this gas. It should never be entrusted to novices. My method of manufacture requires four jars—one containing a solution of proto-sulphate of iron, another a solution of caustic potash, the two others water. As before observed, nitrate of ammonia must be heated to a correct temperature, when will be obtained nitrous oxide in purity. It is important that the gas should be allowed to remain over water from three to six hours, in order that the impurities which may remain in the gas after washing may have sufficient time in which to be absorbed. Thus the gas will be more pleasant to the taste and more powerful as an

anæsthetic. Nitrous oxide may be condensed into a liquid, and placed in a strong metallic cylinder, to which is attached, by a tube, a rubber sack or bag, to which the gas is admitted by turning a stop-cock, and administered as when first introduced.

Anæsthesia may be produced by a variety of substances. Among these may be mentioned acetic, nitric, and sulphuric ether; protoxide of nitrogen, or laughing gas, (nitrous oxide,) Chloroform, common illuminating gas, naptha, carburretted hydrogen, benzole or benzine, and Dutch liquid. Of these, preference has been given to sulphuric ether, chloroform, and nitrous oxide gas, both as regards safety and efficiency. It is well to know which is the safest, and, at the same time, the best for the purposes of the dentist. This knowledge can only be obtained by experiments.

Experiments thus far have largely proved adverse to the use of chloroform. To show the relative merits of these substances, I shall now proceed to detail the result of some experiments which I have made, and submit testimony. Says Harriman again: "In the month of February, 1890, placed a cat in a glass receiver, and subjected it to the influence of chloroform. In one and three-quarter minutes the animal became insensible, and in three minutes respiration ceased. On the same day administered nitrous oxide to a cat; in seven minutes it was unable to stand, and at the expiration of ten minutes was removed from the jar. In five minutes after removal the animal could walk, and in twenty minutes its whole appearance was natural; there being nothing to indicate that it had been out of its ordinary condition. The following day nitrous oxide was administered to a cat; the animal being unconscious fourteen minutes. In six minutes after its removal consciousness returned. This experiment was witnessed by Dr. C. G. Davis, of New Bedford, Mass. Administered nitrous oxide to a cat. The animal became insensible in two minutes and a half. Consciousness returned in eight minutes."

"The same day placed a cat under the influence of nitrous oxide. In four minutes it was rendered insensible, and one minute after being removed became conscious.

"Subjected a cat to the influence of nitrous oxide; the animal being in an insensible condition sixty-two minutes. The nitrous oxide was renewed four times in this experiment, the carbonic acid gas being allowed to escape at each renewal. The same cat was

under the influence of nitrous oxide twenty-six minutes without renewal, at the Boston Dental College.

"Administered benzole or benzine to a cat; insensibility was produced in three minutes and a half. After the removal of the anæsthetic, consciousness returned in ten minutes. In a case of the administration of nitrous oxide to a cat, death ensued at the expiration of eighteen minutes. The cat, as subsequent examination showed, was not in a healthy condition, the lungs being entirely out of a normal state. I am quite satisfied that, even at the eighteenth minute, the animal might have been resuscitated, but it being my original intention to cause the animal's death, I did not make the attempt. In the case of a cat where the chloroform had been recently administered in a glass receiver, the animal died in three minutes. I immediately made an incision in the thoracic cavity, and found both lungs congested, and the air cells nearly all closed."

Franklin R. Thomas, D. D. S., in a communication to the Dental Times, of Philadelphia, remarks: Having practically demonstrated, with about eleven thousand persons, the influence of nitrous oxide, and those having been administered indiscriminately as they presented themselves, and not a single instance, as far as known, has any one sustained any ill effect from its inhalation, though many of them were known to have been suffering from chronic and organic diseases of different kinds.

In nearly 4,000 cases where I have administered the gas, I have seen no bad effects, and I have taken pains to ascertain that it has been given more than 250,000 times with great success. Anæsthetics have been applied for the alleviation of pain, when necessity demanded the performance of the severest surgical operations; is an unspeakable blessing; it has gone forth to cheer and gladden humanity; but when administered, it should be done watchfully, carefully, and judiciously.

The results of the electric current, in the resuscitation of cases suffering from the poisonous effects of opium and other narcotics, as well as from suspended animation, etc., I would call the attention of practitioners to the necessity of greater care and caution in the restoration of suspended vital functions. And, in this connection, I beg leave to refer to some of the wonderful results of the application of electricity (Faradism) in the accomplishment of such

restoration ; to the theory of the application of the current in these cases ; and to the necessity of proper batteries and instruments being placed in every dental office, in all life saving stations, police headquarters, hospitals, and other institutions ; while I shall also briefly refer to the kind of battery most to be recommended.

Case I. In the latter part of the summer of 1873, I was called late at night to see a little child, Jennie C., suffering from a poisonous dose of laudanum, Prof. Murray, of this city, stating that, as he had exhausted all other means without benefit, he had concluded to try Faradism, at the same time inviting me to join him with my battery. We found the patient to be deeply narcotized from an accidental dose of laudanum, taken some twelve hours previously.

The current was passed by placing the positive pole over the pneumogastric nerve at the angle of the sterno-cleidomastoid mus cle, whilst the negative pole was placed upon the epigastrium. A powerful primary current was applied and continued for more than three hours, with the happy result of complete restoration, encouraging and urging the respirations from eight or ten up to eighteen or twenty per minute, at which point the pupils become dilated, the pulse normal, and the sensorium capable of acknowledging the previous remedies. Hence vomiting and purging followed, and the patient's life saved thereby.

Here we present a typical case of profound nacosis, as well as the antidote. We were induced in this, as in many similar cases, to try the efficacy of the current from the interesting experiments made upon living rabbits, detailed by Dr. Wilson Phillips, in his disertations in the "philosophical transactions," at the London Academy of Science. In one instance, after incision in neck, severing the pneumogastric nerve, the parsley that had been eaten remained in the undigested state ; and after evincing much difficulty in breathing, the animal seemed to die of suffocation. In other rabbits similarly treated, when the galvanic power was transmitted along the nerve, no difficulty of breathing occurred though the voltaic action was kept up for twenty six hours. The rabbits were then killed, and the parsley found in a perfectly digested state. Hence, it appears that the galvanic energy is capable of supplying the nervous influence, digests food as usual. The same experiments were tried upon dogs, with like results—the battery current, however, never being so strong as to occasion painful shocks.

In the case of extreme alcoholism, Faradism was applied as in the former case, but with this difference, that the poles were reversed. with a view of obtaining the sedative instead of the tonic effect of the current. After a few hours' application I was enabled to subdue the irritation, so that this, with the use of large and frequent doses of digitalis, produced quietude, sleep, and healthier action of the emunctories.

Being a firm believer in the proposition of the learned Limpon that death in the early stages of chloroform administration is due to the toxic influence of the overwhelming doses of the anæsthetic, thus primarily poisoning and paralyzing the heart from defective nutrition of the blood being saturated by the aforenamed drug, especially the ganglia covering the corviary arteries, or vessels directly supplying the heart, *i. e.*, the brightly oxygenated blood.

As a typical illustration of involuntary nerve force, we will cite its influence over the heart's action, say for a period of seventy years, and for convenience fix the pulsations at sixty per minute; then the proposition will be 60 x 60=3,600 beats per hour; then 3,600 x 10=36,000 beats in ten hours, or, in the words of the learned Draper, this little organ can execute three thousand million of beats without a stop, and propel a half million tons of blood, and though momentarily wasting, it repairs its own waste all this time. The mathematical rhythm of four moving cavities; the perfect closure of its mitrol and semi-lunar valves and the regurgitating play of its tricuspid valve have never failed. Much more could be said of the other vital organs, all under the control of the involuntary powers. In the face of all these facts, how striking is the saying that we are wonderfully and fearfully made. For, in regard to the heart, we have but to note that its nerve supply springs principally from three little ganglin, and a few more fibres originating from the brain, spinal cord and sympathetic. How delicate the source, how thread-like, how fragile the conductors; how readily implicated; how certain and how sudden the result. Yet death from such a cause, how obscure and uncertain the lesion.

(*To be Continued.*)

The Harvard Medical School.

This institution has recently been the recipient of a bequest of $50,000 under the will of the late Rev. Charles Mosley, of Newburyport.

Hydrosalpinx Prolapsed into Douglas' Pouch; Hydrosalpinx Drained Through the Uterus; Chronic Salpingitis and Ovaritis.

A Clinical Lecture Delivered at the West Side German Clinic, New York.

By Augustin H. Goelet, M. D.

Gentlemen :—The first case I will show you to-day is one of hydrosalpinx. The right tube is distended to about the size of a hen's egg and is prolapsed into Douglas' Pouch bending the uterine end upon itself. This produces complete occlusion and prevents drainage into the uterine cavity.

The patient, Mrs. S———, aged 27 years, has been married six years, but has never been pregnant. She has suffered for the past year with severe headache and pain in the right ovarian region, with desmenorrhœa and a profuse mucous leucorrhœa. The uterus is in good position, being only slightly antiflexed, and the tube and ovary of the other side appear to be normal. We have been able to relieve her pain and headache by means of fine wire faradization and she has passed one period with comparative comfort, but it is impossible to remove the tube from its abnormal position, though it does not appear to be adherent. If this could be done, and if it could be maintained in good position, it might be possible to overcome the occlusion and drain it into the uterine cavity and thus accomplish a cure without resorting to an abdominal section. My experience with such cases, however, leads me to the conclusion that an exsection of the tube is the only means of affording her permanent relief. I shall, therefore, advise operation. If she consents you will have an opportunity of witnessing the operation and verifying the diagnosis.

In some of these cases the treatment instituted in this case will afford complete relief of all the symptoms, which relief will be prolonged for a considerable time, so that if the patient refuses to consent to an operation or there is any other reason why it should not be done, and she is not obliged to work for a living, she can be made quite comfortable. Treatment may be suspended when relief is obtained, but should be recommenced upon a return of the symptoms. I recall a similar case upon which I operated about a year ago. She at first refused operation and two months' treat-

ment relieved her absolutely of every symptom. She was warned, however, that the relief would not be permanent. She presented herself three months later stating that she had suffered no inconvenience since discontinuing treatment, except a slight headache during the last week. The local condition was found to be the same, no alteration in the size of the mass being appreciable. A month later, though there had been no recurrence of the symptoms, she consented to the operation on condition that only one ovary would be removed. The operation was entirely successful and the patient is in excellent health to-day. The tube was not adherent in Douglas' Pouch, and the ovary and tube on the other side were normal.

Case 2.—The next case is also one of hydrosalpinx in which so far an operation has not been necessary, and the patient's general health, as well as the local condition, is improving every day.

The patient, Mrs. J———, aged 27 years, has been married five years, and has had one child and one miscarriage, since which she has been in poor health. She has been under observation for something like eight months. though she has not come regularly for treatment. As so many of this class of patients do, she has frequently suspended treatment for several months when she has experienced relief. When she first come under my observation she was greatly emaciated from constant suffering, but as you see now her general condition is very fair.

The uterus was at first retroverted and fixed, both ovaries and tubes were dragged out of position and the left tube was distended to nearly the size of that in the other case I showed you. The whole of the vaginal vault was exquisitely sensitive and an exact diagnosis could not at first be distinctly made. The treatment at first instituted was vaginal faridization. Later, when the sensitiveness had to a great extent been overcome, mild galvanic applications of the negative pole were made to the endometrium, and these were followed each time by vaginal faridization. We were shortly rewarded by observing immediately after the application a rather free discharge from the uterus and an evident diminution in the size of the distended tube, showing that drainage by the natural channel had been established. This occurred after the second or third application of the endometrium. After the uterus had been rendered movable, and it could be replaced, it was sup-

ported at first by tampons and later by a carefully adjusted pessary.

You will observe upon examination that the uterus now retains a normal position when the support of the pessary is removed. The tube is not distended, and though not to be considered perfectly normal, it is evidently giving no inconvenience.

I believe that under favorable circumstances this patient can get entirely well, though the outlook at first was not encouraging.

The same result may be brought about likewise when the tube is distended with pus, if there is not actual occlusion of the uterus and of the tube. In the majority of instances of moderate distention, unless the tube and ovary are prolapsed producing occlusion, I believe the obstruction of the uterine end is due to tumifaction of the mucous membrane and can be overcome, allowing drainage into the uterine cavity. Where there is actual occlusion, however, immediate steps should be taken to remove it. There is not that danger in temporizing in these cases of moderately distended tubes as some would make you believe, because the distal end of the tube is sealed by inflammatory action at an early stage, and leakage into the peritoneal cavity is out of the question, unless rupture occurs, which is exceedingly improbable. This is perfectly rational, for it would evidently be impossible for the tube to become distended unless the distal end is occluded. If it remained free there would be constant leakage into the peritoneal cavity, as that end of the tube is larger than the uterine end, and is dependent, hence less liable to become obstructed.

Case 3.—The next case is one of chronic salpingitis and ovaritis, which has been under treatment for two weeks. The patient, Mrs. McE., aged 24, has been married four years, but has never been pregnant. She had some dysmenorrhœa previous to marriage, and this became very much worse after, and she suffered with constant pelvic pain and backache, very much exaggerated by walking or standing. She had a profuse muco-purulent leucorrhœa when she first presented herself for treatment, but this is now much less and thinner in character.

The vaginal vault was exquisitely sensitive to pressure on both sides of the uterus. The ovaries could be distinctly palpated, and were found to be enlarged and tender, but the tubes could not be clearly made out because there was considerable infiltration.

The endometrium was in a condition of granular infiltration, which was no doubt the origin of the tubal inflammation.

You will observe, on examination all the physical signs I have mentioned, but you see she bears the examination now very well, because the tenderness has been overcome by the treatment she has received, which has consisted of moderate negative galvanic applications to the endometrium and faridization of the vagina. The tubes can now be made out, because the infiltration has been removed and found to have been much thickened, as was to have been expected. The patient has been greatly relieved in the short time she has been under treatment. She has comparatively very little pain and can now walk several blocks without inconvenience, a thing that was out of the question before. There is no reason whatever why this patient should not get entirely well. She will get well under the line of treatment which has been instituted and be able to perform her household duties as well as she ever did. The question may be asked will she become pregnant? That I cannot answer positively, yet I can see no reason why this will not be possible. My experience with these cases convinces me that under favorable conditions they may be cured without resort to operation. If the patient will exercise even ordinary care, and the attendant will faithfully and patiently carry out the treatment, their efforts will be successful. You will have the opportunity to observe this case from time to time, to note the method of treatment and the improvement in her condition.

Immediate Capsulotomy Following the Removal of Cataract.

Abstract of a Paper Read before the State Medical Society of Pennsylvania, May 17th, 1894.

By L. Webster Fox, M. D., Professor of Ophthalmology Medico-Chirurgical College, Philadelphia.

All opthalmic surgeons endeavor to obtain perfect vision after the removal of a cataract. On account of its prevalence, the loss of one of the most valued of the senses, and the restoration to vision by a bloodless and painless operation, have concurred to render this operation an object of the highest attention to surgeons; and the progress of improvement in the operation has been commensurate with the advances made in surgery elsewhere in the

economy. Unfortunately, with all our skill and knowledge, success does not always follow the removal of an opaque lens. The many contingencies incident to the healing of the wound, the distortion of the cornea, the subsequent change in the media caused by iritis, or a thickening of the posterior capsule—one or all of these factors play a very important role in the subsequent restoration to vision.

The opaque lens, with its capsule, obstructs the vision, causing blindness of the patient. To remove this obstruction requires considerable dexterity; to restore vision, absolute cleanliness and most careful after-treatment. The most disheartening factor in a cataract operation, is that sooner or later the posterior capsule thickens and again dimness of vision follows; the lessening of the sight is not so great as it was before the removal of the lens, but still the patient is debarred the comfort of reading, writing, or attending to business matters in which it is necessary to have perfect vision. It is to prevent this latter change that I advocate the splitting or parting of the posterior capsule at the time of the primal operation.

Having had the opportunity of following many operators, good, bad and indifferent, and noting the after-results, I frequently saw excellent vision follow bungling manipulation. The surgeons did not possess that delicate sense of touch so essential in making the corneal incision, snipping the iris, lacerating the anterior capsule, and delivering the lens. They lost courage, or their hand became so tremulous after they had ruptured the capsule, that the operation would have been a failure had they not taken a lens scoop in hand, entered the eye, and fished out the cataract and its capsule, with always more or less loss of vitreous. With very great care in the after-treatment, many of these patients would recover, and in the majority of cases which did recover, no capsule interfered with their visual acuity. It was witnessing such operation that led me to think that a parallel process, carried out, however, on more delicate operative lines, at the time of the primary operation, would still lessen the dangers that such harsh measures would be sure to excite.

The ancient methods of removing cataracts from the direct line of vision was by *couching;* that is, passing a delicate needle through the aclerotic coat on the temporal side of the eyeball, posterior to the ciliary bodies; pressing it forward and into the crys-

falline lens. Then, by a backward sweep of the point of the needle, lens and capsule were torn from their position and deposited down and out in the vitreous chamber. Calcus, the celebrated Roman physician, who lived at or about the commencement of the Christian era, describes, and is generally esteemed the father of this operation. It was not very satisfactory in its results, according to the data obtainable from the earlier writers. Fabricius, who flourished in 1600, speaks with great despondency of this operation. Later on, Hisster, 1711, says: "Though the operation is easy to be performed, the success is so very precarious that amongst a great number of persons, couched by the most distinguished oculists, very few met with the desired results; and upon the vast number of patients upon whom the celebrated itinerant Taylor operated, not one in a hundred recovered his sight." He further says, that in several different places he saw many miserable objects in tormenting pain, arising from inflammation consequent upon the operation, and that of those who regained their vision there was scarcely one in ten who did not sooner or later lose it again. For eighteen hundred years this puncturing of the eyeball, with its most deplorable results, was the only method held out to the blind. It was the outgrowth of an accident which gave birth to the rival plan of extracting the opaque lens through an incision of the transparent cornea. It was the failure to remove a cataract which had escaped into the anterior chamber by couching, that led M. Mery to recommend, in the year 1707, the practice of extraction of all other cases of this disease. It was left, however, for Daviel, the celebrated surgeon of Paris, 1745, to bring forward this method as one infinitely less dangerous than couching. From that day to this, the incision is made through the cornea, or along its margin, and the percentages of loss is to-day what the gain of vision was one hundred years ago.

PRELIMINARY TREATMENT ESSENTIAL IN CATARACT OPERATION.

I deem it of the greatest importance to interrogate all cataract patients presenting themselves for an operation, as to their general habits and family history, and to make a careful examination of the urine, restricting meat diet and increasing a vegetable one; while last but not least, placing the patient, one week before the operation, on the mixed treatment, also paying particular attention to bathing both eyes with a boracic solution containing sulpho-

carbolate of zinc; examining the eyelashes and particularly the nasal cavities. If any catarrhal affections are found in these cavities, it is of paramount importance that they receive the proper treatment before an operation is performed. The day before the operation the patient is given a warm bath and a saline purgative, kept in bed, and his face washed with Castile soap and water, then washing the skin around the eye to be operated upon with ether, following this again with a 1.5000 solution of corrosive sublimate, after a German method (Schweigger).

The reason I call attention to these minute details is that the patient may suffer from some defect which would not affect an eye in a comparatively healthy state, but might exercise an extremely pernicious influence on the eye after the irritability following the operation. The effect to be dreaded is inflammation, and therefore every measure calculated to prevent its occurrence must be taken. There are still a few ophthalmic surgeons who think it quite unnecessary to take these preliminary precautions, but happily, the number is growing less year by year.

At the time of the operation, still greater precautions are taken, the patient's face, neck and mouth are thoroughly cleansed, clean underclothing, over which and fitting close to the neck, a sterilized sheet is wrapped, head bandaged in a sterilized towel, and the eye irrigated with an aseptic fluid, as hot as the patient can bear it. The instruments are also sterilized, all fluids, such as Atropine and Cocaine, are sterilized in a Llewellyn flask. The operation is performed then in the usual manner.

After the delivery of the lens (cataract), and all cortical matter matter is washed out of the anterior chamber, I proceed with the rupturing of the posterior capsule—the subject of my paper. The instrument used is a gold-enameled hook, made as delicately as is consistent with keeping its shape. It is of malleable steel, so that it may be bent to any angle which I find is convenient, especially when the eye of the patient lies deep in the orbit. The hook is passed into the anterior chamber, and behind the lower pupiliary margin of the ires, on its flat side. It is then rotated backwards, hooked into the capsule, drawn gently upwards to the mouth of the incision, rotated on its flat again, and then taken out of the chamber. By this means, the capsule is torn, and the vitreous presses forward between the rent. Very little or no vitreous shows at the mouth of the wound. If it does, I snip it off.

When the operation is performed after the simple method (without iridectomy) the same manipulation is carried on with but one exception; and that is, the line of incision is not so long. The ophthalmostat is removed, and the eye-ball again irrigated with the hydrostatic eye-douche, followed by dropping one drop of sterilized Atropia solution into the eye; the lids closed and thickly annointed with vaseline, which has been sterilized by boiling; over this, specially devised eye-pads, which have also been sterilized by heat, held in place by adhesive strips, which keep the bandages securely fixed, permitting the patient to change his position in bed as often as is desirable. In twenty-four hours the dressings are removed, and both eyes bathed with warm water, and irrigated with the sulpho-carbolate solution, another drop of Atropia applied and similar eye-pads adjusted with as much care as at the primal operation; and so continued from day to day until the eye is out of danger.

Is this a new operation? Some of the older writers of fifty years ago hint at the removal of the lens and its capsule, but they are not explicit enough to say that they did so. The only authority that I can find saying so positively, is Richard Middlemore, who on page 138, Vol. II, in his great work on Diseases of the Eye, published in 1835, after speaking of the removal of the lens when the pupil is not clear on account of the thickening of the posterior capsule or the hyaloid membrane, says: "In every such instance I have found it absolutely essential to the successful result of the case, to lacerate the posterior capsule and hyaloid membrane, and permit the escape of a portion of the vitreous humor." Coming nearer to our own day, I must say a few words about the distinguished surgeon who left his impress upon all who witnessed his wonderful skill as an operator. I have reference to the late Dr. Richard J. Levis, of this city. I have had the opportunity of examining quite a number of patients from whom cataracts were removed by this eminent surgeon. In nearly every instance the posterior capsule was evidently ruptured at the time of the primal operation. Whether this was a constant practice of Dr. Levis', I am unable to say, but I am sure he realized the importance of removing the posterior capsule at the time of the original operation. Pagenstecher, of Wiesbaden, is also an advocate of removing the lens and its capsule at one sitting. Hasner,

another Geman ophthalmologist, is an advocate of this radical operation. It has recently come to me indirectly that Dr. Knapp, of New York, is also lacerating the posterior capsule at the first operation.

Is the operation always successful? Laceration of the capsule alone does not prevent the hyaloid membrane from becoming slightly translucent. When this takes place, we may follow with a needle operation, and not provoke cyclitis by trying to tear a tough, inelastic tissue.

I have been in the habit of performing this operation in alternating cases, for ten years. In those patients upon whom the operation was performed I had to repeat a needle or capsulotomy (scissors) in about 15 per cent. of the cases. Where it was not performed, in about 75 per cent. In the 15 per cent. of the cases where it did not succeed, I can only attribute it to a very thick posterior capsule, the vitreous receding after closing of the epeball, and thereby not keeping the capsule separated, but practically closing again. My experience has led me to believe that there is less danger of inflammation of the eyeball in immediate capsulotomy than in subsequent operation.

The elder operators recognized the gravity of puncturing an eyeball with a needle, and hailed with delight the improved method which completely revolutionized statistics. My own experience is fast leading me to adopt the cutting through the cornea with Keratome and the incision of the capsule with a DeWecker's scissors, disregarding the needle altogether. With the preliminary treatment, and with the aseptic methods now employed, success is almost always assured, whilst with the treacherous needle, almost every surgeon has had reason to regret his modus operandi in more ways than one.

1304 Walnut Street, May 17th, 1894.

Don't Grow Old.

An exchange, commenting upon lady physicians, remarks: "A woman is never old enough to neglect her appearance; nothing can be more disagreeable to the sight than a *negligee* old lady."

Is this a libel?

SYR. HYPOPHOS. CO., FELLOWS

Containing the Essential Elements of the Animal Organization—Potash and Lime;

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And the Vitalizing Constituent—Phosphorus; the whole combined in the form of a Syrup with a **Slightly Alkaline Reaction.**

It Differs in its Effects from all Analagous Preparations; and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It has Gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs It has also been employed with much success in various nervous and debilitating diseases.

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The prescribed dose produces a feeling of buoyancy, and removes depression and melancholy; *hence the preparation is of great value in the treatment of mental and nervous affections.* From the fact, also, that it exerts a double tonic influence, and produces a healthy flow of the secretions, its use is indicated in a wide range of diseases.

NOTICE--CAUTION

The success of Fellow's Sprup of Hypophosphites has tempted certain persons to offer imitations of it for sale. Mr. Fellows, who has examined samples of these, **finds that no two of them are identical,** and that all of them differ from the original in composition, in freedom from acid reaction, in susceptibility to the effects of oxygen when exposed to light or heat, in **the property of retaining the strychnine in solution,** and in the medicinal effects.

As these cheap and inefficient substitutes are frequently dispensed instead of the genuine preparation, physicians are earnestly requested, when prescribing the Syrup, to write "Syr. Hypophos. **Fellows.**"

As a further precaution, it is advisable that the Syrup should be ordered in the original bottles; the distinguishing marks which the bottles (and the wrappers surrounding them) can then be examined, and the genuineness—or otherwise—of the tents thereby proved.

Medical Letters may be addressed to

Mr. FELLOWS, 48 Vesey Street, New York.

The Charlotte Medical Journal.

E. C. REGISTER, M. D., J. C. MONTGOMERY, M. D.,
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SUBSCRIPTION, $2.50 PER YEAR.

Articles intended for the Original Department of the Charlotte Medical Journal will be accepted only with the understanding that they are contributed to it exclusively.

A FEW THOUGHTS REGARDING OUR DRINKING WATER.

From a sanitary aspect, water is second to air in its importance in the animal economy. It predominates in all living tissues, permeates the soil and atmosphere, and is probably the most common channel through which the human system is brought in contact with disease germs. The progress of sanitary medicine in the past few years has developed the fact that certain obscure organic matter, which is found in various quantities in the most of our drinking water, to be the cause of a number of diseases. When this organic matter exceeds a certain limit, the water is considered unwholesome and liable to produce several forms of disease. When these organic impurities do not reach this limit in quantity, the water is considered pure or wholesome, and with a few exceptions, without danger. The words pure and wholesome are occasionally used without discrimination. A pure water implies a total absence of all substances except the one in question. On the other hand, a wholesome water may contain many substances that are foreign to it, but are incapable of producing evil effects in the human system. A pure water may not be as wholesome as one that is chemically impure. A distilled or condensed water often disagrees with many people on account of its flat taste and the feeling of oppression which it causes in the stomach. A water can be transparent, colorless, and have a pleasant taste, yet it may contain saline, earthy or organic substances that would render it harmful, or even dangerous. Organic or animal matter are considered to be the impurities that are dangerous in the most of our drinking water. It is a fact that a water may appear from inspection and even chemical analysis to be wholesome, yet the small amount of organic matter that it contains may be of such a character as to

produce violent forms of epidemic disease. This, however, fortunately is a very uncommon occurrence. We usually consider, and correctly so, that the more organic matter a water contains, the more dangerous it is.

A few of our citizens have lately expressed a doubt, both verbally and through the columns of our city papers, as to the wholesomeness or purity of our city drinking water. I mean that furnished by the city water works. If we were contending with an epidemic of typhoid fever, dysentery or any class of diseases that the cause could be traced to drinking water, or if the chemical analysis of it was not indeed very satisfactory, then we could, with some degree of consistency or intelligence, find some fault with it. As it is, our city is in a fine sanitary condition, free from all epidemics, and the chemical analysis of its water supply shows a remarkable degree of purity. It was suspected by a few that our water shed incorporated a territory that had been manured by excrements gathered from our city; but this has proven to be a mistake. Water that has undergone any great degree of self-purification contains nitrates and nitrites, a result of the nitrification of the organic matter.

In looking over the analysis of our city water, I find that it does not contain any mention of these substances whatever. This is in itself sufficient evidence that no great amount of organic impurities has ever been deposited on the water shed.

I would feel remiss in my duty if I omitted to say something in this connection concerning the use of well water. Comparative analyses show that the water from our city wells contain, on an average, three times as much albuminoid ammonia or animal matter as the water furnished us by the city water works. In other words, those who use well water are three times more apt to become poisoned with typhoid fever, malarial fever, or some dysenteric bowel complaint, than those who use our purer water. This statement is certainly in accord with my experience. Fully two hundred cases of typhoid fever have come under my observation since I became a resident of this city, and while I have not kept a tabulated account of their history, my experience has led me to make this statement, and I feel confident that the majority of our local physicians will agree with me that nine-tenths of the cases of typhoid fever that occur in our city are among

the class of our citizens who use well water. This statement may seem inconsistent with a former statement, but it is not the case. We all know that a large majority of the strangers moving to town use well water, and occupy suburban residences. It was a mystery to me for several years why this class of people were more susceptible to the poisons contained in our city well water than the older inhabitants, but lately we have abundance of literature confirming and explaining this peculiarity.

Almost, without an exception, the water we use from our city wells was originally city surface water, that has washed over privies, sinks, house-drains, stables, pigpens, and other varieties of accumulated filth that is always present in large quantities in a city of this size. Of course it is purified to some degree by soil filtration, but in a city a hundred years old, like ours, the filterer itself becomes saturated throughout with impurities.

Charlotte, N. C. E. C. REGISTER, M. D.

PROCEEDINGS OF THE ——— ANNUAL MEETING OF N. C. MEDICAL ASSOCIATION, HELD AT GREENSBORO, N. C., MAY 15th, 16th and 17th, 1894.

MAY 15TH.—The Society was called to order on the morning of the 15th, at 10 o'clock, by the local chairman, Dr. W. P. Beall, of Greensboro. The meeting was opened with prayer by Dr. J. H. Smith. The address of welcome was delivered by Col. R. M. Douglas. Dr. J. B. Powers responded in behalf of the Society. Col. Douglas' address was most fitting and appropriate. Dr. Powers' address was most excellent. The roll was then called, and about 250 names responded. Dr. W. H. H. Cobb, Sr., of Goldsboro, President, then took the chair. The following committees were then announced:

On Credentials—Drs. J. M. Hays, J. Howell Wayland, Albert Anderson.

On Finance—Drs. W. P. Beall, O. D. King and W. H. Lilly.

On President's Address—Drs. R. L. Payne, Jr., E. R. Michaux and D. O. Staunton.

Dr. Powers then delivered an address entitled: "From Bacteria to Immunity."

A paper was read by Dr. Thos. M. Riddick on "A Pathological View of Some of the Acute Specific Fevers."

Dr. John R. Irwin, of Mecklenburg, read a very interesting and appreciative paper on "Ptomaniac Intoxication and Gastro-Intestinal Antisepsis."

MAY 16TH—MORNING SESSION.

Society met at 10:30. Among the visitors from other States, were Dr. Chisholm, of the Presbyterian Hospital, of Baltimore; Dr. Keenan, formerly of North Carolina, now of the National Marine Hospital Service; and Dr. Long, of the Medical College of Richmond.

The Society at once proceeded to fill vacanies on the Board of Examiners Drs. Burbank, of Wilmington; Hays, of Greensboro; Irwin and Faison, of Mecklenburg; and W. P. Beall, of Greensboro. Drs. Burbank and Hays were elected.

An interesting paper was then read by Dr. Thos. Hill, on "The Therapeutic Uses of some of our Indigenous Remedies."

At 12 noon, according to programme, the conjoint session of the State Board of Health was called to order by Dr. H. S. Bahnson, President. Dr. R. H. Lewis, Secretary of this Board, read a very able and lengthy report of what had been accomplished by the board during the year. He stated that of the 96 counties in the State, 92 have created County Boards of Health, and that interest in the cause of public sanitation was making great progress. He reported only two cases of small-pox last year. He also stated that while consumption was of rare occurrence among the colored people before the war, it was now becoming quite common. At the conclusion of his report, the Society tendered him a vote of thanks for his very able report.

3:00 P. M.—AFTERNOON SESSION.

The first thing on docket was the election of officers for the ensuing year. Dr. Tucker, of Henderson, was elected President; Drs. Way, Harrell, McMullin and Meinenheimer were elected Vice-Presidents. Drs. Jewett and Perry, the present Secretary and Treasurer, were re-elected by acclamation.

Dr. Gibbon, of Charlotte, read a fine paper on "Hydropathy."

The Society then adjourned, to meet at the State Normal School at 8 p. m.

MAY 17TH.—The Society convened at 9 o'clock.

Dr. J. W. Long, of Richmond, read an extremely interesting paper on "Intestinal Hemorrhage." He was followed by Dr. W. D. Pate, on "Family Predisposition to Intestinal Hemorrhage.

Dr. Annie Alexander then read a paper on the "Physical Train ing of Girls." She was listened to with great attention.

Drs. Hodges and Fitch read important papers.

Society adjourned at 1 o'clock.

At 2:30 the afternoon session convened. Dr. Tucker was installed as President for ensuing year.

The meeting was a most pleasant and profitable one. Much interest was taken in it. The next meeting will be held in Goldsboro, N. C., on the second Tuesday in May, 1895.

J. C. M.

The following is the correct list of the persons granted license as physicians by the State Medical Board: E. R. Jefferson, G. S. Tennant, W. T. Turlington, H. N. Abernathy, T. W. Mott, Miss Anna M. Gore, F. M. Davis, C. H. Brantly, J. H. Alston, B. H. Greenwood, Mrs. L. Hughes Brown, W. H. Wooten, James N. Gitl, G. A. Coggeshall, W. D. Young, James R. Alexander, W. J. Sumner, J. E. Smoot, J. W. Bryan, B. H. Hayes, Wm. L. Kirkpatrick, Mrs. Clara E. Jones, George Thrash, John Thames, Geo. P. Reid, F. M. Clark, H. G. Utley, T. E. Linn, Joseph H. Bennett, L. J. Woodcock, W. E. Evans, R. S. McGeachy, J. R. Palmer, J. W. Kornegay, H. C. Menzies, J. M. Ledbetter, John A. Pickett, J. S. Brown, S. McD. Henderson, L. A. Nowell, Herbert A. Royster. The latter, who is from Raleigh, wins the "Appleton Prize." He is a son of Dr. W. I. Royster. It will be noticed that three ladies passed the examination.

A HOSPITAL CAR.

The Central Railroad has recently put into service a hospital car. This is the first of its kind in the world. It contains cots for the patients, medicines, etc. This is a very praiseworthy act for the railroad.

THE Maryland Medical Journal, one of our best weeklies, comes to us in a new dress, which adds much to its appearance.

McINTOSH BATTERY AND OPTICAL CO.

We have received the sixteenth edition of the McIntosh Battery and Optical Co.'s Electro-Therapeutical Catalogue. The McIntosh Battery has a national and international reputation, and needs no remarks from us. We refer you to the company, 141 and 143 Wabash Avenue, Chicago, Ill., U. S. A.

TO BE COMMENDED.

The State Board of Health of Illinois has recently made one step towards higher medical education that is to be commended. Instead of the entrace examinations being in the hands of the faculties, it now requires a certificate of graduation from a literary and scientific college or high school, or a second-grade teacher's certificate. We notice with a feeling of pride these higher requirements and hope that the day will soon come when the number of graduates in the medical profession who cannot write the English language correctly, will be less.

UNIVERSITY COLLEGE OF MEDICINE, RICHMOND, VA.

This issue of our journal contains the advertisement of the University College of Medicine, Richmond, Va., of which Dr. Hunter McGuire, M. D. LL. D., is President; Joseph A. White, A. M., M. D., Sec'y and Treas.; and J. Allison Hodges, M. D., Corresponding Secretary. It is a three years' graded college, comprising departments of Medicine, Dentistry and Pharmacy. It is a Southern college, composed of Southern men, two of whom are from North Carolina, and one of these from Charlotte. The didactic lectures, the clinical instruction, the recitations and laboratory work, are equal to those of any medical college in this country. It is a home institution, with distant and foreign advantages and facilities, and should be patronized and appreciated.

COMMENCING with the July issue of the Archives of Pediatrics, it will be edited by Dillon Brown, M. D., Adjunct Professor of Pediatrics of the New York Polyclinic. Prof. Brown is one of the most prominent physicians of New York, and we congratulate the publishers of that journal in securing the services of such a man as editor.

LIQUOR UTERANS.

(V. P. Co.)

WE DESIRE to call the attention of Physicians to this preparation as a superior **UTERO-OVARIAN SEDATIVE AND ANODYNE.**

EACH FLUID OUNCE REPRESENTS:

Black Haw	55 Grains.
Blue Cohosh	28 "
Golden-Seal (Represented by the White Alkaloid)	55 "
Jamaica Dogwood	25 "

The disagreeable taste of the drugs has been masked with Aromatics, and it will be found a valuable remedy where a **Uterine Tonic and Anodyne Sedative** is indicated.

DOSE:—One-Half to One Teaspoonful.

Eminent practitioners contend that the present habits of life tend to produce Uterine and Ovarian disorders of various kinds.

The majority of these cases, if attended to promptly, do not require surgical attention or mechanical appliances, but will respond promptly to a treatment with **Liquor Uterans.**

Physicians who have directed special attention to the subject have commended Black Haw (Viburnum Prunifolium) for correcting Uterine irregularities; Blue Cohosh (Caulophyllum Thalictroides) for its peculiar value as a Uterine Nervine and its especial influence on the Uterus; Golden Seal (Hydrastis Canadensis) specially indicated for Uterine Catarrhal disorders, and Jamaica Dogwood (Piscidia Erythina) for its established value as an Anodyne-Sedative. To secure for the profession the benefit of the combined virtues of these drugs, we have prepared a palatable combination, as per above formula, under the name of **Liquor Uterans.** We are confident that it will be found a convenient, palatable and valuable remedial agent in the treatment of Amenorrhœa, Leucorrhœa, Dysmennorrhœa, and any irritability or irregularity of the Utero-Ovarian organs, as well as a safe and reasonably sure remedy in all cases of Hyperæmia of the female reproductive system, and frequently in cases of Anæmia of the organs.

SAMPLES WILL BE CHEERFULLY MAILED TO PHYSICIANS ON APPLICATION.

Correspondence and reports of cases invited.

The Virginia Pharmacal Co.

Manufacturing Chemists and Pharmacists,

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TRADE SUPPLIED BY

BURWELL & DUNN, CHARLOTTE, N. C.

At Manufacturers' Prices and Discounts.

Mention The Charlotte Medical Journal.

EDITORIAL BRIEFS.

THERE are eight physician in the Virginia Legislature.

THE present medical class at Johns Hopkins University numbers seventeen.

AN epidemic of typhoid fever has occurred at Montclair, N. J. It was caused from polluted milk. The sale of the milk was stopped and the disease was checked.

THE first Mohamedan woman to practice medicine has recently been given a position under the Russian Government. Her name is Miss Bibiradya-Koudlouiarow.—*Times, N. Y.*

ONE hundred and fifty men were killed in the construction of the Manchester, England, Ship Canal; five hundred were killed in the erection of the Chicago Columbian Exposition buildings.

TO GET a single load of honey the bee makes about six thousand different calls. He is, therafore, like the physician during a financial depression. About the same number of visits are necessary in order to procure a tiny morsel of food.

THE Alabama Medical and Surgical Age, April issue, contains an interesting history of Dr. Robert Dickens Webb, who died at Yazoo City, Miss., February 23, 1894. He was a native of North Carolina, and stood high in the profession in his adopted State.

IN this issue of our journal appears an article from Dr. Dillard, of Edenton, N. C. It is well worth reading from its historic prominence, scientific research, and elegant diction. We hope to favor our readers with other interesting reading matter from our friend in the east in the early future.

DR. KELL, formerly of this city, who has been practicing medicine in Chester, S. C., for the past three years, has decided to abandon the general practice of medicine and devote his time and talents to the special field. He will give his attention to the eye. For the pursuance of his studies he has gone to Vienna. Dr. Kell will remain there two years. He will then return to his native country and most probably will locate in his native State.

THIS is the time of year when "everybody" should take medicine. In the spring time many people think it absolutely neces-

sary that they should take purgatives and pills by the thousand, when there is absolutely no occasion for such unwise action. Whether it be spring or fall, a person in good health needs no pills or purgatives, tinctures, sarsaparillas, or anything else in the medical line. People, as a class, take too much medicine. There is a time for all things, and spring time does not necessarily call for medicines.

The Review of Reviews for May, in its "Progress of the World" department, covers the important topics of National aid to the Nicarauga Canal, our position in the Pacific Ocean, the question of trans-Pacific cables, our policy in Samoa, England's administration in the Fiji group, Hawaii's administration-making, the patrol of Behring Sea, England's costly armaments, the Pope and the French Republic, the premiership of Lord Rosebery, the eight hours day in England and other affairs of international interest. In the field of domestic politics, the quorum question in the House of Representatives, the tariff and the income tax in the Senate, New York's reform movement, the abandonment of prohibition in Iowa, and the liquor question in South Carolina, receive editorial treatment, and comment is made on the careers of the late Senators Colquitt and Vance.

The May number of the Chicago Magazine demonstrates to the satisfaction of the most exacting critic the possibility of combining the features of the popular magazine with those of the high-class publication devoted to the discussion of socialogical and political questions. The publishers of the Chicago Magazine have introduced an innovation in this respect and the success of their departure from the time-honored rule seems to be assured. Fiction and poetry are liberally interlarded between the essays of well-known writers on questions of political and social moment, and the strength of the latter are by no means impaired by this unique treatment of magazine literature. We predict that the most critical readers of the monthly publications of this period will not fail to find much to commend and little to disapprove in this departure, which cannot fail of generous recognition from the reading public. 15 cents per copy, $1.50 per year.

The suit of Dr. Amick against the St. Louis Clinique and Faculty of the College of Physicians and Surgeons of St. Louis, has been decided in favor of the plaintiff.—*Am. Med. Journal.*

ELIXIR IODO BROMIDE of CALCIUM COMPOUND

DOCTOR, IF YOU have never tried Elix. Iodo Brom. Cal C. Tilden's) you would be gratified and surprised at the results from its use in Syphilis, Scrofula, Scrofulous Tumors, Abscesses, Old Sores, Indolent Ulcers, Necrosis and various diseased conditions of the bones, Enlarged and Indurated Glands, Rheumatism, Eczema, Erysipelas, Otorrhœ, White Swelling, Gleet, Cancerous Tumors and Sores, Cutaneous Diseases and all conditions where an an alterative, resolvent and tonic would be indicated.

Unlike other preparations of this class, it does not irritate the stomach but on the contrary, strengthens and improves digestion and causes an increase in the weight of the patient almost from the very start. Send for book giving an epitome of cases in practice. In order to protect the profession against the worthless imitations of dishonorable competitors who have represented that they could furnish the "*same thing*" in bulk under the same or a modification of the name—"Elixir Iodo Bromide of Calcium Compound"—we ask Physicians hereafter to see that their prescriptions are filled from bottles protected by our seal and label, We will send a full pint bottle as a sample, free of charge, to any Physician in the United States or Canada on receipt of fifty cents to pay expressage.

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FIRWEIN

(A Balsam of Fir Wine with Iodine, Bromine and Phosphorus.)

POSSESSES remarkable reparative and reconstructive potency in the following ailments:—

IN CHRONIC BRONCHITIS AND INCIPIENT PHTHISIS, it arrests the progress of the disease, allays irritation, controls the cough and expectoration, stimulates healthy secretions, heals ulcerations, and soothes the inflamed membrane. Unlike expectorants, hypophosphites, codliver oil and emulsion compounds, FIRWEIN does not impair, but, instead, strengthens and improves digestion and assimilation; a matter of the greatest importance in view of the fact that malassimilation is the chief source of danger in these conditions.

IN CHRONIC CYSTITIS, FIRWEIN may be regarded as almost *a specific*. No class of ailments gives the Physician more annoyance than chronic bladder troubles, that persist, in spite of treatment, perhaps for years. If you will try it in a case of this kind you will be a friend of FIRWEIN for the rest of your life, and your patients will rise up and call you blessed.

IN NASAL, PHARYNGEAL AND LARYNGEAL CATARRH, FIRWEIN given internally and used topically by means of atomizer, vaporizer or inhaler, will give you satisfactory results. Try it.

DOSE. One to two teaspoonfuls 3 to 6 times daily. FOR SPRAYING—add one part of vaseline or petroleum oil, to three parts of Firwein. FOR PERSISTENT COUGHS—One dram Opii. Deod to 4 ounces of Firwein.

☞A Full Pint Bottle will be sent prepaid to any Physician as a Sample on receipt of 50 cts. to pay carriage.

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BOOKS REVIEWED.

INTERNATIONAL CLINICS: A Quarterly of Clinical Lectures on Medicine, Neurology, Pediatrics, Surgery, Genito-Urinary Surgery, Gynecology, Obstetrics, Ophthalmology, Laryngology, Otology and Dermatology. By Professors and Lecturers in the leading Medical Colleges of the United States, France, Great Britain and Canada. Edited by JUDSON DALAND, M. D., Philadelphia, Instructor in Clinical Medicine and Lecturer on Physical Diagnosis in the University of Pennsylvania; Assistant Physician to the Hospital of the University of Pennsylvania, etc.; J. MITCHELL BRUCE, M. D., F. R. C. P., London, England; Physician and Lecturer on Therapeutics at the Charing Cross Hospital; DAVID W. FINLAY, M. D., F. R. C. P., Aberdeen, Scotland; Prof. of Practice of Medicine in the University of Aberdeen, etc. Vol. I. Fourth Series. 1894. Philadelphia: J. B. Lippincott Company.

The contents of Vol. I. fourth series, of this interesting and valuable periodical publication indicates its continued prosperity and improvement. On the frontispiece is a good portrait of the celebrated Jean Marie Charcot, who died August 16th, 1893, whose wonderful power of instruction was recognized over the entire world: one who will be personally regretted by devoted pupils in every land. A short but well written memoir of Charcot is from the pen of M. Allen Starr, M. D. The treatment of rheumatism is discoursed upon by A. Earnest Sansom, M. D., F. R. C. P. The Hand and the Tongue in the Diagnosis of Disease, by H. A. Hare, M. D. The Condition of the Heart in Mitral Insufficiency and in Chlorosis, by Prof. Carl Von Noorden, M. D., Berlin, Germany. Endocorditis and Pericorditis, Exophthalmic Goitre Empyema, Nervous Jaundice, by Joseph Patton, M.D. Electro Diagnosis, with illustrative cases, by A. D. Rockwell, A. M., M. D. Suprapubic Cystotomy for the Formation of an Artificial Urethra, by Hunter McGuire, M. D., LL. D. Potts' Disease, by Louis A. Sayre, M. D., New York. Operation for Occlusion of the Cyptic Duct, with Calculi in the Gall Bladder, by J. McFadden Gaston, M. D., Atlanta, Ga.

These are only a few titles that we have selected because of their special interest. They have been taken at random from a large number of papers which fill up this volume. We have often in the past freely expressed our opinion in regard to publishing this class of literature. It is an improvement over the voluminous text books which contain so much and are read so little. All these articles are short and are written by men who study the subject upon which they write. This volume is very handsomely illustrated, and contains about 400 pages and 42 lectures.—

These monographs, which are called clinical lectures, published in the International Clinics, deserve and will receive careful examination at the hands of every practitioner who is interested in the several subjects of which they treat. The press work, by J. B. Lippincott Company, is nicely executed.

TRANSACTIONS OF THE NEW YORK STATE MEDICAL ASSOCIATION FOR THE YEAR 1893. Vol. X. Edited for the Association. By E. P. FERGUSON, M. D. Published by the Association, 64 Madison Avenue, New York City.

The proceedings of this honorable body are always of an interesting nature. The one before us is no exception to the rule. The President of the Association is S. B. Wiley McLeod, of New York county. The subject of his address is: "A Review of the Affairs of the Association." It is a fine address. John Shrady, also of New York county, follows the President with a review of "The Medical Association During its First Decade." This work contains about 600 pages, and is a credit to the Association. It contains a great many distinct titles, besides many other pages of preliminary matter. At the close of the work will be found several memoirs, with List of Fellows, and the first decennial index. The book shows careful editing in every paragraph and is a model of perfection in its mechanical creation.

A TEXT-BOOK OF GYNÆCOLOGY, by JAMES C. WOOD, A. M., M. D., Professor of Gynæcology in the Cleveland Medical College, and Late Professor of Obstetrics and Diseases of Children in the University of Michigan, with two hundred and ten illustrations. Philadelphia: Boerick & Tafel, 1894.

The author of this most excellent book is well known as a writer, a teacher of large experience and a practitioner. He has given in this work the most advanced teachings of the American and European schools of gynæcology in a clear but concise form. The chapter on hysteria is very fine, also, the one on menstruation and its disorders. The illustrations are excellent, many of them having been taken from the museum of the Royal College of Surgeons. The clinical cases are also good and well selected, which aids greatly in understanding the text and the subjects under discussion. They are practical and very suggestive. One very interesting illustrative case is that of chronic ovaritis and dysmenorrhœa of twelve years standing, which was relieved by Dr. Terry in eighteen days with suppositories of guiac. The work is equal to any as a text book in the department of gynæcology, and takes its place among the most important issues from the medical press. The

book contains about 900 pages, and is beautifully printed and handsomely bound, and will receive a warm reception by the profession.

ESSENTIALS OF PRACTICE OF PHARMACY. Arranged in the Form of Questions and Answers. Prepared especially for Pharmaceutical Students. (Second edition—Revised. By LUCIUS E. SAYRE, Ph. G.; Prof. of Pharmacy and Materia Medica of the School of Pharmacy of the University of Kansas. Philadelphia: W. B. Saunders, 925 Walnut Street. 1894. Price $1.

No one can properly appreciate Saunders' Question Compends until they have tried them—they are of great value and use, particularly to the student. They contain the cream of the substance upon the subjects on which they treat. This essential of Pharmacy by Prof. Sayre, contains about 180 pages, and gives Pharmacy in a nutshell. It shows great research, and the subject matter is well treated and arranged. It can be recommended to the student as the best quiz on Pharmacy we have yet examined. It bears the impress of all Saunders' Compends—neat in their appearance.

ESSENTIALS OF NERVOUS DISEASES AND INSANITY: Their Symptoms and Treatment. A Manual for Students and Practitioners, By JOHN C. SHAW, M. D., Clinical Professor of diseases of the mind and nervous system, Long Island College Hospital Medical School; Consulting Neurologist to St. Catherine's Hospital, and Long Island College Hospital, etc.—Second Edition, Revised, forty-eight original illustrations. W. B. Saunders, 925 Walnut Street, Philadelphia, 1894.

This is the second edition of this compend and it is a good one. Everybody knows the value of these compends, especially for students. They are written by men of high professional standing and reputation—are leaders in their special line and they know exactly what the student needs. The book is divided into five sections. Section I. considers Injuries and Diseases of the Peripheral Nerves. Section II. Diseases of the Spinal Cord. Section III. Diseases of the Brain. Section IV. Chorea, Hereditary Chorea, Neurasthenia, etc. Section V. Insanity. The author of this book is a well-known and able writer, and he has treated Insanity and diseases of the nervous system with clearness and conciseness. The work is well illustrated and has the usual excellent appearance of Saunders' works. Good type, good paper and good binding.

THE TRIPLE TRADITION OF THE EXODUS, by BENJAMIN WISNER BACON, M. A., D. D. Octavo, pp. 432. Hartford, Conn.: Student Publishing Company. $2.50.

The appearance some time ago of Dr. Bacon's "Genesis of Genesis," called forth commendation from the press and from eminent scholars. Those who are interested in the current critical discus-

sions of the sources and authorship of the early books of the Old Testament will find "The Triple Tradition of the Exodus" an extension of the former work, continuing the analysis to the end of the Pentateuch. Doctor Bacon does not here concern himself with the Jewish legal apparatus, but simply with the "story of Israel from the death of Joseph to the death of Moses." His volume is a credit to American scholarship in a field where laborious research is required before a worthy result is reached and is an excellent example of modern scientific methods in Biblical criticism.

ALASKANA; or, ALASKA in Descriptive and Legendary Poems, by BUSHROD W. JAMES, A. M. 12mo., pp. 402. Philadelphia: Porter & Coates. $2.

Mr. James, who is a member of the medical profession and a member of several of our American scientific associations, has visited Alaska and has also read the principal literature relating to that region. He has thrown into poetic form—using the metre of Hiawatha—a great deal of valuable information and a great deal of excellent description relating to Alaska scenery and the customs and legends of the natives. The result is a volume out of the usual order, which will delight many people who have a fancy for the union of poetry and fact. There are a number of good full page illustrations. In sending out this second edition of his work the author has taken the opportunity to enlarge it by the addition of several legends.

BOOK OF THE FAIR, PART IV.

The Bancroft Company are progressing well with their Book of the Fair, which is pronounced as the finest and most important publication connected with the great Exposition. In fact it has no rival; there are art works, and works of descriptive history, and catalogues, and directories, but there is no other publication which unites all in a complete and perfect historical and descriptive work of art. Its text is by Hubert Howe Bancroft, and its picture by the best artists America and Europe can produce. Next in importance to the Fair itself, is a faithful reproduction of the Fair in printer's ink for permanent preservation. Most of the buildings will soon be torn down and their contents removed, but the book will remain to teach and preach the world's completest civilization throughout all time. In this respect the representation is better than the original, because one is effervescent, the other immortal.

For an important work, securely lodged in all the libraries of the world, cannot die.

SIR FRANCIS BACON'S CIPHER STORY, Discovered and Deciphered by ORVILLE W. OWEN, M. D. Vol. II. Detroit and New York: Howard Publishing Co.

In this the second book the history of the beginning of the relations of Queen Elizabeth with her favorite, Robert Dudley, afterwards Earl of Leicester, appears. The obvious necessity for the death of Ayme, Robsort Dudley, his wife, and the manner of her murder by the agents of Leicester, is explained, as understood by Bacon, etc., etc.

THE PHYSICIAN; His Legal Relation to the Law, and the Legal Rules Governing the Collection of his Fees. By H. G. BLAINE, A. M., M. D. Containing the Code of Ethics of the three great systems of medicine. To which is added the latest statutory amendments to existing medical laws, including the most recent enactments regulating the practice of medicine in all the States and Territories in the United States. 1893.

There are many legal points that are of great interest and use to physicians. This pamphlet gives in a condensed form the relation of the physician to the law, and gives his extended knowledge of the rules governing the collection of his fees, with many other points of interest. It is a nice little book and is well worth the small sum of 50 cents.

Reprints.

A few points on the Treatment of Carcinoma Mammæ. Six Lithotomies performed on one patient. Fragment of Glass in cheek for 12 years. By Carl Beck, M. D. Reprint from American Medico-Surgical Bulletin, May 1, 1894.

Pyothorax and its Treatment, by Carl Beck, M. D., New York. Reprinted from the Medical Record, May 19, 1894.

On Tubercular and Suppurative Peritonitis, by Carl Beck, M.D., New York. Reprinted from the New York Medical Journal, April 21, 1894.

Ophthalmia Neonatorum; Contraction of Eyelids; Glaucoma; Grattage for Granular Lids, by L. Webster Fox, M. D., Professor of Ophthalmology in Medico-Chirurgical College of Philadelphia. Reprinted from the Medical Bulletin.

Retinitis Albuminuria, by L. Webster Fox, M. D., Professor of Diseases of the Eye in the Medico-Chirurgical College, Philadelphia. Reprinted from The Times and Register.

The Desideratum in Analgesics, by J. Homer Coulter, A. M., Ph.D., M. D., Chicago. Reprinted from the Western Medical Reporter, March, 1894.

The Cause and Cure of Malignancy. An important announcement to the medical profession, by William Thornton, Boston, Mass., U. S. A.

The Spectacle Treatment of Hypermetrophia, by Boerne Bettman, M. D., Professor of Ophthalmology in the Post-Graduate Medical School; Oculist and Aurist to the Michael Reese and German Hospitals; Attending Surgeon to the Illinois Charity Eye and Ear Infirmary; Professor of Ophthalmology and Otology in the College of Physicians and Surgeons, Chicago. Reprinted from the North American Practitioner.

A Contribution to the History of the Discovery of Modern Surgical Anæsthesia, with some new data relative to the work of Dr. Crawford W. Long, by Luther B. Grandy, M. D., of Atlanta, Ga., Demonstrator of Anatomy Southern Medical College; Editor of Atlanta Medical and Surgical Journal; Member of the Georgia Medical Association, etc. Reprinted from the Virginia Medical Monthly, October, 1893.

Subinvolution—A New Pterygium Operation, by Boerne Bettman, M. D., Chicago, Professor of Ophthalmology and Otology in the College of Physicians and Surgeons; Professor of Ophthalmology in the Chicago Post-Graduate Medical School; Oculist and Aurist to the Michael Reese and German Hospitals; Attending Surgeon to the Illinois Charitable Eye and Ear Infirmary. Reprinted from the Journal of the American Medical Association, March 24, 1894.

Ripening of Immature Cataracts by Direct Trituration. Read in the Section on Ophthalmology, at the Forty-fourth Annual Meeting of the American Medical Association at Milwaukee, by Boerne Bettman, M. D.. Chicago. Reprinted from the Journal of the American Medical Association, November 4, 1894.

Regeneration of Radius After its Removal for Osteosarcoma. By Carl Beck, M. D., Surgeon to St. Mark's Hospital and to the German Poliklinik. Reprinted from Medical Record, Dec. 2, 1893.

The New Orleans Sewerage System, commenced with Inaugu-

ral Ceremonies, Wednesday, April 18, 1894. The Old Parish Prison an Apostrophe. New Orleans: L. Graham & Son, Ltd, 44-46 Baronne Street, 1894.

Laparo-Hysterotomy: Its Indications and Technique. By N. Senn, M. D., Ph. D., LL. D., Prof. of Practice of Surgery and Clinical Surgery, Rush Medical College; Prof. of Surgery, Chicago Polyclinic; Attending Surgeon, Presbyterian Hospital; Surgeon-in-Chief St. Joseph's Hospital, Chicago From the American Journal of the Medical Sciences, September, 1893.

Brain Surgery, with Report of Nine Cases. Read in the Section on Surgery and Anatomy, at the Forty-fourth Annual Meeting of the American Medical Association. By F. C. Shaefer, M. D., Prof. of Surgery, Woman's Medical College; Surgeon to Wesley Hospital, Chicago. Reprinted from the American Medical Association, July 29, 1893.

Resection of the Hyoid Bone for Radical Cure of Fistula Colli Congenita. By Carl Beck, M. D., New York. Congenital fistula colli is a condition not frequently met with. Although enjoying unusual opportunities for observing surgical diseases of the neck, during sixteen years of surgical practice, I have treated only six cases. As these fistulæ, as a rule, scarcely cause any trouble, many of them do not seem to come under surgical care.

"An Ideal Aphrodisiac."

DIXON, ILLS., March 7th, 1894.

The Hall Capsule Co,, Cincinnati, O.:

Gentlemen—I have within the past few years used many thousands of your Pil Palmettine, and find them the remedy par excellence in all prostatic troubles. In enlarged prostate they universally give satisfaction. In all exhausted or enemic conditions of the male reproductive organs, whether from early abuses or late excesses, or whatever the cause, I find in them the best tonic I have used. They are the ideal aphrodisiac.

C. C. EDSON, M. D.

Uniformity, purity, and superiority are the claims of Codliver Glycerine for professional favor.

The Editor of "An American Text-Book of Practice."

"In announcing the completion of 'An American Text-Book of Practice,' the publisher asserts that in this work *over 500 pages are from the pen of Dr. William Pepper.* This fact, from a purely mechanical standpoint in these days of enormous literary production, would not appear in itself to be matter for special comment, but when there is taken into account the Editor's busy life, it is a notable instance of the wonderful vitality and executive ability of an exceptionally gifted man."

"Dr. Pepper, who is a native-born Philadelphian, is perhaps no less widely known as a medical practitioner than as Provost of the University of Pennsylvania, and since assuming the administration of this venerable institution its interests have been more rapidly advanced than during any equal period of its history. The words of Governor Hoyt, addressed to Dr. Pepper at the time of his installation as Provost (1881), that "the events of this day will affect your own and the *fortunes of the University of Pennsylvania*, were singularly prophetic. An indefatigable worker, he has conducted the affairs of the University with such remarkable tact that the various educational departments now aggregate thirty huge buildings and the institution commands an international reputation. But it is not alone as the chief administrative officer of the University that Dr. Pepper's influence is all potent: he is connected with, and is especially active in various capacities in, many learned societies."

"Moreover, in addition to shaping and directing the general policy of the University, Dr. Pepper attends to a very large medical practice. He is recognized as the leading American authority on medical questions, his powers of diagnosis amounting almost to intuition. He was mainly instrumental in securing from the city of Philadelphia the gift of the site on which now stands the University Hospital, and he has always been an ardent supporter and a successful promoter of charitable works deserving public recognition."

"The question naturally arises, How does Dr. Pepper meet the exactions of all these engagements? The answer is, Simply by self-abnegation and by his mental adroitness, no opportunity being lost—whether it be in his office or in his carriage responding to a

business, a professional, or a social call—in formulating the duties of any function requiring personal attention. As an editor and writer, as Provost and practitioner, it may be inferred that the official demands on Dr. Pepper would preclude attention to the enjoyments of society; but in social as in public life he still finds time for interchange of civilties with a wide circle of friends, by whom he is highly esteemed not only for the brilliancy of his literary attainments and his gentlemanly qualities, but also for his congeniality as a friend and a companion."

Spermatorrhœa is the inevitable result of long-continued onanism, and is prevalent among all classes and races. It may, however, be produced from causes other than that of masturbation, as from excessive coitus, constant lascivious thoughts and not unfrequently from diseases of the rectum and bladder. The ordinary education keeps boys and girls ignorant of the reproductive function. This should not be. It is nevertheless a fact that the more refined and educated our young folks are, the more ignorant they are on this subject. Any allusion or inquiry on the matter is frowned upon and denounced as obscenity. Certain it is that this secret vice is encouraged by the existing system of our faulty education, and the only way to stamp it out is to educate our children on sexual knowledge by imparting to them this knowledge in our public schools, disclosing the serious evils of such a habit. Our treatment consists in removing the cause and building up the shattered nervous system. The following treatment, faithfully carried out, will be attended with the most gratifying results:

℞ Ferrous Carb. Mass (Vallet's).
Quin. Sulph. ..... aa ʒii.
Strych. Sulph.
Phosphorus ..... aa gr. i.
Ext. Damiana ..... ʒiv.
M. Divide into 120 pills. Sig. One after each meal.

At night on retiring, two teaspoonfuls of the Elixir Six Bromides (W-G's).

It is important to see that the bowels move once in 24 hours. We cannot commend too highly the importance of bathing the abdominal region and spine in cool water every morning and evening. This treatment has been signally successful in invigorating the nervous system and in remedying the damage done by this degrading malady.

Selections.

What is a Blush.

It seems that, unlike an osculatory demonstration, a blush can be scientifically defined.—*Med. Age.* A Cincinnati physician attempts it as follows: "A blush is a temporary erythema and caloric effulgence of the physiognomy, ætiolized by the perceptiveness of the sensorium when in a predicament of unequilibrity from a sense of shame, anger or other cause, eventuating in a paresis of the vasomotor nervous filaments of the facial capillaries, whereby, being divested of their elasticity, they are suffused with radiance emanating from an intimidated precordia."—*Ex.*

Mr. Saunders is pleased to announce, as in active preparation, his New Aid Series of Manuals for Students and Practitioners. As publisher of the "Standard Series of Question Compends," together with an intimate relation with leading members of the medical profession, Mr. Saunders has been enabled to study, progressively, the essential desideratum in practical "self-helps" for students and physicians.

This study has manifested that, while the published "Question Compends" earn the highest appreciation of students, whom they serve in reviewing their studies preparatory to examination, there is special need of thoroughly reliable hand-books on the leading branches of medicine and surgery, each subject being compactly and authoritatively written, and exhaustive in detail, without the introduction of cases and foreign subject-matter which so largely expand ordinary text-books.

The Saunders' Aid Series will not merely be condensations from present literature, but will be ably written by well-known authors and practitioners, most of them being teachers in representative American colleges. This new series, therefore, will form an admirable collection of advanced lectures, which will be invaluable aids to students in reading and in comprehending the contents of "recommended" works.

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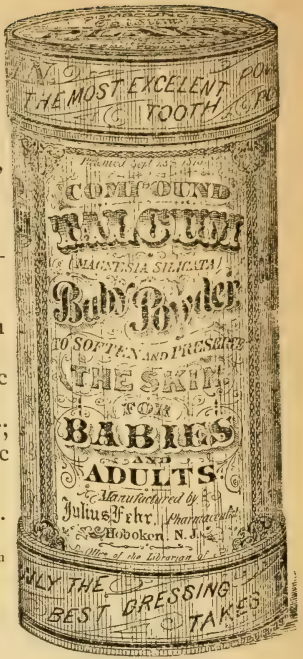

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Somatose.

At the last session of the Medical Association at Elberfield in March, 1894, a report was made on a new meat-preparation which has been introduced lately under the name of Somatose, as a restorative for persons whose nutrition has been impaired, phthisical persons, convalescents, feeble children, patients suffering from gastric troubles, etc.

Dr. Hilderbrandt stated that this preparation consists almost exclusively of albumoses, i. e. albuminous substances, which have already been digested and are not coagulated by heat. Under use of Somatose, the process on decomposition in the intestinal tract is slight, because this preparation is quickly taken up in the circulation, and because it does not furnish to any extent products of intestinal decomposition. The fact that Somatose is readily assimilated in its own form, and directly replaces the albumin of the body, explains why the body weight increased considerably in some experiments in metabolism made by Hilderbrandt.

The new meat-preparation which contains the elements of meat in a digested shape, represents a yellowish powder which readily dissolves in watery liquids. It may be given in milk, soup, cocoa and coffee. Contrary to the meat preparations of the trade, it has the property of being almost tasteless and possesses an exceedingly great nutritive value as it contains over 90% of albumoses, that is readily assimilated albumin. The preparation is well borne even for a long time without irritation of the stomach, and like other peptones does not cause nausea or diarrhoea.

Quite a number of practitioners at Elberfield took part in the discussion, and among others Dr. Lowenstein mentioned the case of a female patient with tuberculosis, who had five or six attacks of vomiting a day on account of a harrassing cough and could not retain food of any kind. Since four months she had been taking Somatose with admirable results. The vomiting had ceased entirely. In a second patient the preparation had a very favorable effect on the nutrition and the body weight.

Dr. Mangel called attention to the excellent plan of combining Somatose and milk, a combination which has already become known under the name of Somatose Mother's milk. Dr. Kupper has prescribed Somatose in several families with good success; in one family the children have been nourished for a long time with

Somatose-mother's-milk, which they bear well and relish. Dr. Ruhle, a specialist for diseases of women, reported also very important results, and said that his patients much preferred Somatose to other meat preparations.

In general the comments on Somatose were very favorable, and the new remedy was considered an important addition to the materia medica and will be useful in a large number of diseases, and particularly as a reconstructive for feeble persons of impaired nutrition.

That an unwarranted substitution of one remedy for another is occasionally practiced by some druggists there seems to be no question. That this is morally wrong, is equally true, but that it is frequently a crime in the eyes of the law, and as such is punishable, seems to have been lost sight of by some of those who may practice it.

But the fact that such have enjoyed immunity from prosecution, is no guarantee that they can continue their speculation, even on a small scale, without detection and its consequences.

Frank A. Ruf, of the Antikamnia Chemical Company, has recently been in New York and Chicago, and states that he has made arrangements for a thorough system of investigation throughout the country, and that counsel has been employed to prosecute, both civilly and criminally, all who persist in furnishing a substitute as and for antikamnia.

The Antikamnia Company proposes doing this without vindictiveness, and indeed, with none but the most friendly feeling to the druggist. Even where a druggist has allowed himself to be persuaded into the practice, their first step will be to confer with him in the interest of mutual protection. Following that, they propose, if necessary, notifying every physician in the city of the name and address of the offender, with the recommendation to avoid him if honest goods are desired. The substitute obtained by the investigators, together with the name of the dispenser, will be shown to the physician, thus protecting the honest druggist. The more flagrant cases will be given to their attorney for proceedings in law.

Mr. Ruf said in regard to the matter: "We are simply determined that the honest druggist shall be protected; that the physician and patient shall be protected, and lastly, that our own interests shall not be trampled upon."—*Druggists' Circular.*

Craig Colony for Epileptics.

The Legislature of New York has passed and the Governor signed the bill establishing a Colony for Epileptics in that State. The Colony is named after the late Oscar Craig, President for some years of the State Board of Charities. The bill provides for the purchase of a tract of 1,875 acres of beautiful land in the Genesee Valley, near Mount Morris, in Livingston county. This tract is all in one piece, well watered by brooks, and consisting of fine fields, woodland and orchards, and already provided with picturesquely-grouped buildings to the number of thirty-five. It has been a colony of the Shakers for twenty or thirty years, and is, therefore, perfectly adapted to its new use.

The law requires that all of the buildings put up should be on the village plan. A board of five managers is provided for, and these have already been appointed. Governor Flower, in order to make the new charity as ideal as possible, decided to select a specialist on nervous and mental diseases as one of the managers, so as to insure the best scientific treatment of patients and to keep the resident medical men in touch with all the latest developments in the pathology and treatment of epilepsy. He also appointed a lady residing within a few miles of the Colony as one of the managers, in order that the women and children and general housekeeping can be kept under constant surveillance. In addition a lawyer, a homœopathic physician and an editor were added to the board. The managers serve without salary and meet at the colony once or oftener monthly. Having these ends in view, the Governor appointed as the Board of Managers: Dr. Frederick Peterson, of New York; Mrs. C. F. Wadsworth, of Genesee; Geo. M. Shull, of Mount Morris; Dr. Chas. E. Jones, of Albany, and W. H. Cuddeback, of Buffalo.

An important provision in the bill is that the managers may accept any bequests of persons interested in the welfare of epileptics, and it is believed that many charitable wealthy people will build cottages upon the splendid sites on the tract to bear their names and exist as lasting memorials to their desire to serve humanity in this wise.

A medical superintendent, steward, matron, pathologist, nurses, school teachers, teachers of various industries and arts, and so on,

are to be appointed as needed; but the Colony will not be ready probably to receive patients before the autumn of 1895.

It is thought that the Colony will ultimately number fifteen hundred to two thousand members. As soon as possible the six hundred epileptics in the county almshouses will be taken in charge. Later private patients will be received at prices corresponding to the accommodations asked for. It is sure to become self-supporting in the course of time, and to grow into an industrial and agricultural village that will more than rival the similar and famous Colony at Bielefeld, Germany, upon which this is, to a certain extent, modeled.

At their organization in Albany, on the 3d of May, the Board of Managers made Dr. Frederick Peterson, of New York, President, and George M. Shull, of Mount Morris, N. Y., Secretary, of the Board.

Losophan.

The following description of this remedy occurs in the seventeenth edition of the Dispensatory of the United States which has been recently published; Losophan. Tri-iodometa-cresol. $C_6 HI_3 (OH) (CH_3)$. Contains 78.39 per cent. Iodine, and is prepared by the action of iodine upon m-oxytoluic acid in the presence of a definite quantity of alkali in the same manner that tri-iodo-phenol may be obtained from Salicylic Acid. It crystallizes in white needles melting at 121.5° C, soluble with difficulty in alcohol, but readily in ether, benzin, and chloroform. Losophan has been recommended by Dr. Saalfeld in skin diseases produced by parasitic growth as well as in chronic eczema, prurigo, and other similar affections, when there is no pronounced inflammatory condition It may be employed as a one or two per cent solution in 3 parts alcohol and 1 part water, or as one to ten per cent. ointment with vaselin, or 4 parts lanolin and 1 part vaselin.

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Philadelphia County Medical Society—Meeting of Feb. 28, 1894—American Grippe, or Myxoid Œdema.

Dr. Carl Seiler read a paper in which he said: In 1885 I observed the first case of this peculiar disease. I afterward (in 1887) discussed the subject with Dr. Glasgow, of St. Louis, who, strange to say, had made observations similar to my own; and as there was no disease which had been described which, to our knowledge, came anywhere near the one under discussion, he had called it "It," and so had I. The disease was first described by me in a paper published in April, 1889. Dr. Glasgow reported his observations to the American Laryngological Association in May, 1889, and in June of the same year I read my paper before the American Medical Association at its meeting at Newport. You may remember that at that time I referred to the fact that the disease was spreading all over the country, and that I had received letters from Montana, Washington, the Canadas, from the South, and, in short, from all directions, after having made inquiry about the new disease. Geographical situation, elevation, temperature, and atmospheric conditions apparently had nothing to do with its causation; in fact, the disease was everywhere the same in its specific characteristics.

In 1889, in the month of December, the disease broke out in New York city, where it assumed the proportions of a very alarming epedemic, and its existence was recognized as an epidemic general and fatal all over the United States within a very few weeks after its recognition in New York. Unfortunately it was called *la grippe*, or the Russian influenza, a disease differing entirely in its clinical character and prominent pathological lesions from the disease erroneously named by the public press. I then published a paper in March, 1890, in which I gave the diagnosis between the Russian influenza or *la grippe*, as well as other diseases mistaken for it, and the American disease. Last March (1893) I published the fourth edition of my book on "Diseases of the Throat," in which I devoted an entire chapter to the consideration of this disease, under the name of "American grippe," or myxoid œdema, to distinguish it from the "Russian" or European influenza. The distinction is similar to that which we are accustomed to make between measles and German measles, or morbilli and rubella (Rotheln).

The peculiar symptoms of the American grippe are: The sudden onset; the rheumatic pains in all parts of the body accompanying the sudden onset; an abrupt rise in the temperature, with moist skin; a peculiar tension; no inflammation of mucous membranes. In some cases a deposit of pseudo-membrane occurs upon the tonsils and elsewhere, which, however, is of entirely different character from the pseudo-membrane of croup and of diphtheria. There is a peculiar puffiness of the mucous membranes, which shows itself wherever the deposit is most developed. It occurs in the throat, in the larynx and nose, in the bronchial tubes, and in the mucus membrane of the intestinal tract. In its prostration of the vital powers of the body the disease is something like typhoid fever; but with it there is no fever, no exacerbation of high temperature; there is no thirst, no dryness of the skin, and no brown coating of the tongue. In one case the temperature was 105° F. at the beginning, but it went down to normal in twenty-four hours. The pulse was 76 right along, and had none of the characters of a fever pulse. In those cases in which death occurred the temperature was reduced to normal, or even abnormal, and the giving out of the heart was the orinal cause of death.

In some cases the submucous infiltration is most evident in the vocal bands, and here the consequent closing up of the larynx causes suffocation. The immediate cause of death is usually a small hæmorrhage in the mucous membrane in such cases. Ecchymotic spots are often observed in the throat, bronchial tubes, and intestines. Indeed, there may be black vomit, like the black vomit of yellow fever, and the stools may also show the presence of effused blood.

I am now speaking of the symptoms of American grippe. I need not refer to the symptoms of Russian grippe, since I could not add anything to the admirable review of them given by my friend, Dr. J. C. Wilson, in his article on Epidemic Influenza, in Pepper's "System of Medicine," which you are already familiar with.

In the matter of treatment I have found the greatest benefit from a long-discarded drug—which, I must admit, is of no use in any other disease—the benzoate of sodium. In American grippe it acts as a specific, precisely as quinine acts in malarial fever. It relieves the pain at once, it brings down the temperature, it relieves

the oppression of breathing, and removes the false membrane from the throat. This remedy, with alcohol and rest, constitutes the whole treatment of the disease. In my experience I have found that it is an absolute specific—of course, provided that the diagnosis is correct. As to other drugs, I would say that all those patent coal-tar remedies are only a cause of death. They act as heart depressors, when the heart is already profoundly depressed by the disease. Antipyrine, antifebrine, and all the other antis are worse than useless. Quinine is often a cause of insanity and suicide. During the last three years I have made a careful investigation of all published cases, whenever possible, where insanity had been the cause of death in grippe, and I found that quinine in large doses had always been given to the patients. I have observed in my own cases that even very small doses of quinine will often cause mental disturbance.

Thus far I have considered only the acute condition. If benzoate of sodium is not given, and the patient does not remain in bed, a chronic condition of grippe will be produced. This is a very distressing condition, as I know from personal experience. The symptoms are so different that they cannot be given in detail, and it is difficult to make a diagnosis. There is a flabby, pale or coated tongue, want of appetite, impaired digestion, irregularity of bowels. With this there is a depression of spirits, want of ambition, and inability to perform any work requiring exertion of mind or body. A little over-exertion will throw the patient back, and it will be days and days before he can regain his former position and begin to gain strength.

The pathology of the chronic cases has been shown to be a slow process of fatty degeneration of all the organs of the body, except the kidneys. And if there has not been pre-existing disease of the kidneys, there will be no albumin in the urine.

The chief symptoms of the chronic form are general neurasthenia, associated with chronic distention of the venules, and anæmia of the arterioles throughout the body. This was seen by ophthalmoscopic examination in the eyes, where it produced impaired vision, or blindness. Blueness of the skin is due to the same vinous congestion evidently of neurotic origin. Besides the mental depression, there are hallucinations of peculiar character and irritability of temper. Light has a depressing effect, while darkness causes exaltation. Towards evening the patient usually feels much better than in the early part of the day. I have

observed that a patient may go to sleep at ten o'clock and wake up at eleven in a state of mental exaltation. He feels like getting out of bed and walking about his room, or relieves his mind by writing poetry; this is the only thing that will enable him to go to sleep again. I have some very curious specimens of this "grippe poetry" in my possession. The irritability of temper I have referred to is beyond the control of the patient, although he is fully aware of it; this is part of a hysterical condition, and, under slight exertion or emotion, a condition of hysterical aphonia may be developed, even in men. Then, again, the patient is very much disturbed by all kinds of rythmical noises, especially at the seashore, where the "one, two, three" of the breakers nearly drives him out of his senses. Even if he cannot hear them, he is conscious of annoyance from the rythmical repetition of the waves, and this will make him extremely nervous, so that he cannot sleep. The rapid succession of the trolley car bells is also very annoying, and I have had patients who were driven out of the city by these noises.

The treatment of the chronic grippe is by alternative tonics. Buchu may be given as a mild diuretic. If there is sleeplessness, bromides are useful. All the coal-tar preparations are bad. Of the narcotics, the best is hyoscine in small doses; as a tonic, strychnine in considerable doses, beginning with gr. $\frac{1}{32}$ up to $\frac{1}{16}$, three or four times a day. A change of climate is advisable, and the best I have found is a moderately high place, where there is plenty of oxygen with absence of noise. This is necessary to obtain rest for the mind and body. Mineral waters are valuable, and I found at Bedford great advantage from the use of the water, but there is a spring at Swiftwater, near Pocono, which I consider even better.

The wine of coca is especially useful, when the patient begins to exercise, as a "pick-me-up." I came across, the other day, a sample of wine of coca made by Columbia Chemical Company, of Washington City, which I found very much better than any I had previously met with, as it gave much satisfaction in the cases for which I ordered it. Where the patient must keep at his work the coca is a valuable remedy, as in the case of a preacher who has not sufficient strength to go through with his sermon without some such aid.

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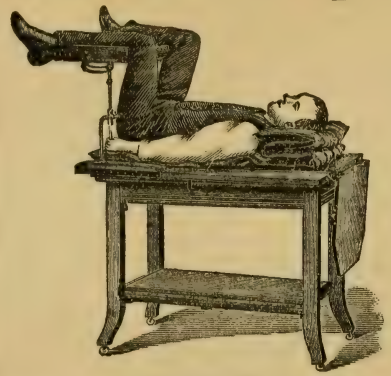

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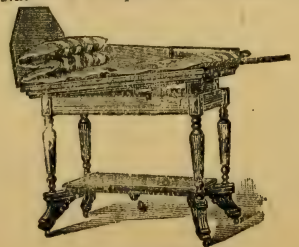

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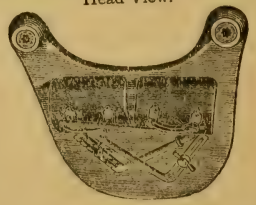

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The Treatment of Typhoid Fever.

Read before the Chicago Medical Society, March 5, 1894.

By Elmer Lee, A. M., M. D., Chicago.

Recognition of the value of cleanliness represents the most practical discovery in treatment during the present generation, and, at the same time it constitutes one of the really great discoveries in the history of Medicine. The application of the principles of cleanliness more nearly meets the requirements of a real advance in curative medicine, than all the other propositions known to the profession for the cure of disease.

The symptoms of Typhoid Fever are too well known by all to need particular mention; the question of burning interest is what to do to be saved. The disease is produced by drinking contaminated water, and its seat of development is situated in the intestinal canal. There is a poison there which, if it could be removed before it had become absorbed into the blood, life, and even health would be spared. Allowed to remain, the poison is drawn into the circulation, and very soon the whole body feels the depressing effect. Even at this time, if those remaining poisonous juices and germs which are contained in the bowels were either neutralized by suitable remedies, or washed entirely away by a stream of flowing water, the disease would be checked, the patient spared, and health restored.

Without waiting for development of the symptoms of Typhoid Fever the very first proposition is to make the patient surgically clean, which means the free and abundant use of water internally ffrst, and externally afterwards. The bowels are drenched and cleansed by a copious douche of hot soapy water, made to pass into and out of the lower bowel, until the contents are cleared away and the returning water comes back as clear as before it entered. The relief to the sick person by following such ablution is a delight to the physician and of greatest comfort to the patient. It seems so reasonable, they will say, and in practice it is just as good as they say. Fears were formerly entertained by me, as they are to-day by some of my contemporaries, that something would be bursted by running a large volume of water into the bowels of persons sick with Typhoid Fever. No harm has ever been done, and neither is it likely to be so caused. Several hundred cases have been so de-

luged by me with large quantities of water, and in no instance has the result failed to be beneficial. The fear of doing harm may be entirely and forever dismissed. That which is not well understood by any one, always seems inconvenient, or troublesome to perform. But a little practice makes easy the methods which a little while before appeared unpleasant, even hard.

The temperature of the water used for cleansing and washing the bowels, should always depend upon the temperature of the body. If there is high fever the water is more agreeable and useful to the patient when it is cool, viz': 75 degrees F.; but if the patient is chilly, or has a low temperature, the water should be at blood heat, nearly 100 degrees F. During the first week of illness, the irrigation of the bowels should take place in the morning and again in the evening of each day. After this, one douche of water should be given each day until convalescence. The co-operation of the patient is readily accorded. The treatment takes hold of his reason, which lends both hope and help to the management of the case.

Bathing the body is performed at regular intervals and by such a system as may be convenient and suitable to the individual. The bathtub may be used when the patient is strong enough to be assisted to it, where otherwise, sponging with cold water is very refreshing, and useful to maintain strength and lower the heat of the body.

The most effective and most lasting influence is secured by wrapping the patient in a wet sheet. Two blankets are spread on the bed, covered with a sheet wet with cold water. The patient is wrapped in the sheet, and then folded quickly and completely in the blankets. The time during which the sick one may remain in the wet pack is from one-half to one hour, or even longer if he is comfortable. Bathing opens the pores of the skin, and through them the system discharges a part of the hurtful waste of the body. This bathing should be continued, several times daily during the disease and during convalescence.

The internal treatment is uncomplicated, safe and useful. The basis of it is cold water, and always plenty of it to drink. Water cools the body and assists to cleanse it of the poison which makes it sick. The elimination is carried on through the intestinal canal, through the kidneys, through the lungs, and by the skin.

Let the sick have water, it can do no harm in any case; water only does good. What cruelty it was in fever cases, to keep water from them, and what suffering it caused. A half tablespoonful of Hydrozone* is added to each glass of water. It is the best and most simple ramedy that can be given that is likely to be of benefit in helping to cure Typhoid Fever. Continued for a few days, it is then laid aside for a few days and Glycozone substituted in its place, both as a relief to the patient and for the beneficial effect of the remedy itself. And so on in this way the two remedies are alternated, which is found by me to be the best arrangement for administering these valuable antiseptics. The preparation, Glycozone, is chemically pure, redistilled Glycerine in which Ozone, or concentrated Oxygen, has been incorporated, and can be taken with as much freedom and safety as pure Glycerine. The Glycozone may be taken in doses of half a tablespoonful to a glass of water as often as water is taken during the day. When it is desired to allay nervousness and induce sleep at night, sulphate of Codeine is used, in doses of from one-half to one grain, by the mouth, or one-quarter to one-half grain by the hypodermic method. This remedy tranquilizes the nervous system and induces sleep, and should be administered at night.

The Typhoid Fever patient receives as food, whatever is simple, at regular intervals of four hours. Milk, simple, natural milk, is nourishment of the highest importance. One egg every day, or every other day, is alternated with a small teacup of fresh pressed juice from broiled steak or mutton. The egg is pleasant to take and more nutritious, when whipped till it is light and then stirred with a small glass of milk. For a simple and nourishing artificial food, malted milk is always good.

The juices of fruits are delicious to the Typhoid Fever patients, and are not to be dismissed on the supposition that they are injurious. It is always interesting to observe that, when the fever is broken, and convalescence is beginning, that water in copious draughts is no longer easy for the patient to take. When the usual glass of water is handed back half drained, it is an encouraging sign of beginning restoration. For wholesome drinking, fresh lake water which has passed through a Pasteur porcelain filter is entirely reliable.

*Hydrozone now takes the place of Peroxide of Hydrogene, the strength is double, the dose one-half. See addenda.

The simplicity of the foregoing plan meets every requirement, and saves nearly every case, unless there is some complication. It is my belief that doing more than this is doing less, and less than this which is so simple, is not enough. The profession agrees that no kind of drug treatment is useful or curative in Typhoid Fever, indeed, one of these days, in my opinion, the statement will be considered applicable to other, if not all, cases of diseases of the bowels.

The plan as proposed by me and practiced during a period of five years, consists, in review of the following systematic management in Typhoid Fever:

Water used internally as a douche for free irrigation of the bowels, either simple or made soapy with pure liquid soap Water as a drink, and as a remedy taken copiously and frequently, especially during the stage of fever. Water is indispensable, and should be given as often as is desirable and agreeable to the circumstances of the case. Frequent application of cool water to the surface of the body during the entire illness.

Remedies: Hydrozone and Glycozone, for the antiseptic effect of the oxygen which is set free in the stomach and intestines. But to be of real value, these remedies are to be taken in considerable quantity largely diluted with water, else, in my opinion, they are of little use. The capacity of the bowels is so great that a little of anything cannot spread over enough of the enormous area to effect it beneficially. Cleanliness is the principle governing the use of Hydrozone and Glycozone.

For a remedy that sooths and brings on sleep at night sulphate of Codeine is better than chloral, besides it is the safest and best.

For food, anything that is simple and in liquid form; milk is always the best; milk and whipped eggs; pressed juice from broiled meat. The juice from fresh, ripe fruit. The nutrition taken should be at regular intervals (four hours), that sufficient time may be allowed for digestion.

Stimulants and drugs are injurious without exception, and better results are secured without their use. Typhoid Fever, generally transmitted through the drinking water, is a preventable disease. Typhoid Fever affects all classes, but if food and water were always pure, no class or age need contract Typhoid Fever. Cleanliness everywhere and always is the means at hand which makes it possible to escape Typhoid Fever and other diseases of the bowels.

Internal cleanliness as well as external is a reasonable proposition of hope for the cure of the unhappy multitude of sick and discouraged humanity.

103 State Street.

ADDENDA.

"The use of Peroxide of Hydrogen as an internal remedy has been widely opposed by some of my patients, owing to the disagreeable metallic taste. This objection was partly obviated by the use of large dilution with water, but still not to my entire satisfaction.

Since reading the foregoing paper, a new antiseptic remedy called 'Hydrozone' has been received and examined already sufficiently, to promise relief from the objections against Peroxide of Hydrogen for internal use. Hydrozone has now been substituted by me instead of Peroxide of Hydrogen.

First, on account of its greater bactericide power, as it requires but half the quantity of the Hydrozone to obtain the same result, and secondly, the taste of this remedy is not disagreeable to the patient."

Chicago, May 1, 1894.

MORE than mental training and discipline is required to fit a man for the great work of a physician. It is not enough that the physician be educated in the principles of medical science or become proficient in the art of medicine. It is hardly too much to say that there is a higher and nobler education than this, and that is education in medical ethics. A man who knows nothing of the ethics of the profession, or, knowing them, gives them no heed, ought to be driven from the world of practical medicine, for he is unworthy of a place in it. The physician, of all the learned men in the professions of secular life, needs something to give strength and vigor to the better part of man's nature, for his studies and his experience incline him to gross materialism, and his opportunities and duties subject him to peculiar temptations. It was said of old: "Where there are three physicians there are two atheists." If this is not the substance of truth, it is at least the shadow of truth. Some potent and ever present influence is therefore needed to overcome this tendency to materialism, and to arm the physician with strength to resist temptation. This influence is in no

small measure supplied by the system of ethics constructed by the physicians of this country, for that system declares principles of the soundest morality and purest honor. I do not say that adherence to that system is all that is required—but I do say that it is a powerful and beneficent factor in the foundation of a physician's character.

The physician comes into the closest and most sacred relations of life. He sees men and women in their hours of weakness, sees them when judgment and will are overthrown by disease, sees them when the intellect is so shattered and enfeebled by disease that its mastery is lost and ignoble passions rule unchecked and unrestrained, and there is, therefore, an imperious necessity that he should be a man of stern integrity and stainless purity. The most delicate honor, the chastity of which is such that it feels 'a stain like a wound' is as necessary to the true physician as sunshine to the flowers of the field. The physician's confessional is not always one where secrets are wittingly revealed, but is often one where the dethroned intellect or the disordered mind makes men and women reveal that which else no mortal ear had ever heard. Things are heard by him which the speaker would not voluntarily have given utterance to though death were the penalty of silence. But not only does the physician hear what in health would have remained unspoken, for from many lips he hears voluntarlily revealed secrets that the world should never know. He hears of infirmities that if known would bring his patient to infamy and shame; he hears that which if revealed would destroy the peace of families and wreck many lives. He holds often and often a greater power than that of death itself, for in his hands is the power to consign his patient to a fate a thousand fold worse than physical death. Only the man who is strong in the strength of a lofty integrity and exalted honor is fitted for a profession demanding such high qualities and imposing such grave responsibilities as does that of medicine.—*Hon. Byron Elliott, Indiana Med. Jour.*

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DOSE—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful; for infants, from five to twenty drops, according to age. Prepared at the Chemical Laboratory of

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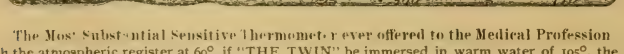

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Please Mention Charlotte Medical Journal.

Abstracts.

Diphtheria Antitoxin Solution Schering.

Prepared in the Bacteriological Department of the Chemische Fabrik auf Actien (vorm. E. Schering), Berlin.

By Dr. Hans Aronson.

It has been demonstrated by the investigations of Hericourt and Richet, and especially by the researches of Behring, that substances are present in the blood of animals protected against a certain infectious disease by artificial means, which, if transported to other animals, render them likewise immune. Whilst in most infectious diseases the protection afforded by inoculation is most probably due to certain cellular changes, in tetanus and in diphtheria the specific poison of the disease is rendered innocuous by the substances occurring in the blood of immune animals; these substances have such a direct action that they have a remedial effect even when employed after symptoms of the disease have appeared.

Behring proved that the quantity of active substance in the blood serum depends entirely upon the degree of immunity acquired by the animal yielding the blood, or rather upon the number and intensity of the inoculations, which the animal has withstood without harm. Further it is known, especially from the researches of Tizzoni on tetanus, that the selection of the species of animal is most important.

In November 1892 Aronson reported in the Berlin Medical Society, simultaneously with Wernicke, that, by the treatment of dogs very susceptible to diphtheria, he had obtained a serum which contained the substances conferring immunity in such a state of concentration as to be employed in rendering children threatened with diphtheria immune. By the subsequent researches of Aronson, Behring and Wernicke a further development of the protective value of the serum has been effected. All these authors have reported obtaining more active antitoxine solutions.

The successful employment of antitoxine solutions in communicating immunity to mankind, and especially for remedial purposes, would be attained as soon as it was possible to obtain more concentrated solutions, higher protective value, and, above all, sufficient quantities of antitoxine. For this purpose we have made

suitable arrangements, erecting a bacteriological department to our establishment under the superintendence of Dr. Aronson and providing an extensive stock of cattle, so that we are now in the position to be able to supply sufficient quantities of antitoxine solution

By improving the technical methods of immunisation and by new methods of concentration we have succeeded in bringing the protective value of antitoxine solutions to a hitherto unattained height.

The antitoxine solution brought into commerce by us corresponds to about twenty times the strength of the so-called Behring normal serum. Immunity against diphtheria is perfectly secured to children and adults by a single injection of 1 c. c., or to smaller children of ½ c. c., by means of a sterilised syringe.

The amount of antitoxine thus injected into a person threatened with diphtheria very considerably exceeds the quantity necessary to secure immunity, probably at least ten-fold. Such a large quantity is preferred in order to confer immunity for as long a period as possible. (From experiments on animals the immune period extends over several months.) This solution is so active (being equal to a twenty-fold normal serum) that according to Behring it can also be used in a remedial as well as in a prophylactic capacity.

The estimation of the value af a diphtheria antitoxine solution can best be effected by Behring and Ehrlich's method, by which the minimum quantity required to neutralise a definite quantity of diphtheritic poison is determined.

Guinea-pigs, which are very susceptible to diphtheria, are selected for experiment, those animals weighing from 300 to 400 grams being preferred. The quantity of diphtheritic poison is chosen which will kill control animals of equal weight in 40 to 46 hours, animals weighing 500 grams in 48 to 52 hours and even guinea-pigs of large size (650 to 700 grams) in about 60 hours.

Definite quantities of the antitoxine solution to be tested are added to the dose of diphtheria poison* described above, the mixture injected into guinea-pigs and the minimum quantity of antitoxine solution noted which is required to be added to the diphtheria

* A solution of diphtheria poison is most simply prepared by filtration of an old sterilised broth cultivation of diphtheria and preserved by the addition of 0.3 per cent. Trikresol.

poison in order not only to save the life of the animal, but to prevent any local reaction.

The diphtheria antitoxine solution brought into commerce by the Chemische Fabrik (vormals E. Schering) is tested in this way, and it is guaranteed that 0.005 c. c. suffices to neutralise the quantity of diphtheria poison above described as determined by the method given. The percentage of antitoxine corresponds, as already mentioned, to twenty times that in Behring's normal serum.

Whilst the blood serum itself, if preserved in a suitable manner and injected in small quantities is never dangerous to employ, yet it often causes pain, reddening and slight infiltration at the place of injection.

Diphtheria Antitoxine Solution Schering standardised for immunisation purposes, is a limpid clear liquid and contains one or at most one and half per cent. albumen. It is mixed with 0.2 per cent. Trikresol, which addition, owing to the small proportion of easily decomposed organic substances in the antitoxine solution, suffices to keep it for an unlimited period. The injection not only causes no general symptoms of disturbance in the system, but also produces no local reaction and no pain at the point of injection. The protection afforded is immediate and is effective even at the incubation stage of the disease.

By a new and patented method discovered by Dr. Aronson an antitoxine is also prepared in solid form which is 400 times stronger than the above solution and will shortly find employment as a remedial agent.

Alcohol and Digestion.

Alcohol in any quantity or in any form, being in the stomach during the progress of digestion, either retards or entirely checks that process. It does so mainly by reason of its chemical action in destroying the digestive ferments. To take alcoholic drink at meal time on account of weak digestive power is fallacious to a ridiculous extreme. If you wish to prove it, employ the ordinary test-tube experiments with artificial ferments and then make the same test with varying amounts of alcoholic liquors added, or by means of the stomach tube, remove from the stomach for examination, a portion of a meal taken with liberal supplies of alcohol. —*Medical World.*

Trional in Neurasthenia.

Insomnia is one of the most frequent as well as important symptoms which the practitioner is called upon to relieve in the treatment of neurasthenia. Unless the obstinate wakefulness which characterizes these cases is removed little can be hoped for from other therapeutic measures, and yet our list of hypnotics in this affection is not a large one. Morphine is generally contraindicated for a number of reasons. It is apt to disturb the digestion and by increasing the constipation from which these patients ordinarily suffer prevents elimination of those poisonous substances—ptomaines and leucomaines—which pass from the system by way of the bowels. Aside from this neurasthenics readily fall victims to the morphine habit, or, as Dr. Mattison more properly calls it, the morphine disease. Chloral is a dangerous sleep-producer, as was evidenced but recently by the sad death of the great English scientist, Professor Tyndall. Bromides are not trustworthy; they occasionally succeed, but more often fail in producing sleep. The ideal hypnotic in neurasthenia must possess the combined qualities of safety, efficiency, promptness of action, ease of administration, and freedom from unpleasant after-effects. According to the observations of a large number of practitioners and neurologists Trional is the remedy *par excellence* in conditions of sleeplessness, and in an interesting and able article on "Neurasthenia from the Stand Point of a General Practitioner," Dr. I. N. Love (Medical Mirror), adds the weight of his testimony in the following words: "As a sleep-producer, I believe that Trional in ten, twenty or thirty grain doses is the best remedy we have at hand. No exaltation, no depression, and no bad effects, follow its use. I observe in a recent number of one of my exchanges a very pronounced tribute to this remedy by Dr. J. B. Mattion, of Brooklyn, N. Y., a high authority. His experience is entirely in harmony with my own."

In the administration of Trional the best results are obtained by giving the drug dissolved in hot water, soup, beef-tea, etc., shortly before retiring.

Miss Oldgirl—You must promise not to kiss me while I am unconscious.

Doctor—I shall do nothing of the kind.

Miss Oldgirl (with a happy sigh)—Turn on the gas.—*Puck.*

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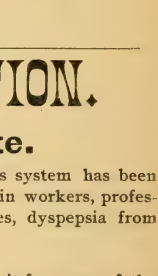

Fig. 4.

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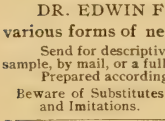

Fig. 1.

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DIRECTIONS FOR MEASUREMENT.

Give exact circumference of body at K, L. M.

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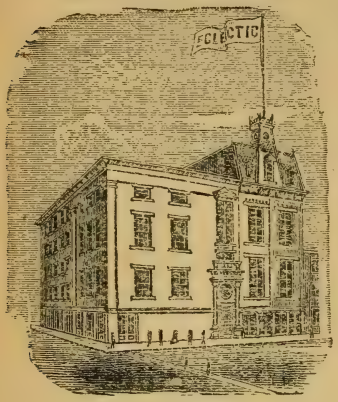

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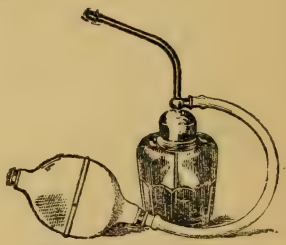

"TYRIAN" No. 15 ATOMIZER.

Death of Queen Mary from Small-Pox in 1694.

Queen Mary had for two days been poorly. Sir Thomas Willington, physician to King William, thought the queen had the measles. But Radcliffe, who, with coarse manners and little learning, had raised himself to the practice in London by his rare skill in diagnostics, uttered the alarming word, small-pox. That disease, over which science has since achieved a succession of glorious and beneficent victories, was then the most terrible of all the ministers of death. The havoc of the plague had been far more rapid; but the plague had visited our shores only once or twice within living memory. The small-pox was always present, filling the churchyard with corpses, tormenting with constant fears all whom it had not yet stricken, leaving on those whose lives it spared the hideous traces of its power, turning the babe into a changeling at which the mother shuddered, and making the eyes and cheeks of the betrothed maiden objects of horror to her lover.

Towards the end of the year 1694 this pestilence was more than unusually severe. At length the infection spread to the palace, and reached the young and blooming queen. She received the intimation of her danger with true greatness of soul. She gave orders to send away from Kensington House all maids of honor, every menial servant who had not had small-pox, locked herself for a short time in her closet, burned some papers, arranged others, and calmly awaited her fate.

For two or three days there were many alterations of hope and fear. The physicians contradicted each other and themselves in a way which sufficiently indicated the state of medical science in that age. The disease was measles; it was scarlet fever; it was spotted fever; it was erysipelas. At length all doubt was over. Radcliffe's opinion proved to be right. It was plain the queen was sinking under small-pox of the most malignant type.—*Macauley's History of England, chapter XX.*

A Good Doctor.

Good, earnest doctors are too busy to find time to slander their rivals. It is all the same with lawyers, ministers and teachers. The truly good and truly great do not detract from the reputation of others.—*Alabama Med. and Surgical Reporter.*

Gonorrhea at the age of One Hundred and Three.

The interest that may attach to the case presented herewith will be by reason of the advanced age of the patient. It is exceptional enough to meet a man who has passed his one hundreth year, but to find a man at that age suffering from an acute attack of gonorrhea or chancroids is still more exceptional.

Some doubts may be entertained as to the correctness of the age given, but his general appearance, his open frankness in giving all particulars, and the absence of any apparent motive for falsification, go to confirm it, and a severe cross examination failed to alter any of his statements.

Although no special time is given for the decadence of the sexual functions in the male, the general impression seems to be that the sexual desire is on the wane and disappears long before the allotted "three score years and ten." Yet here is a man, aged one hundred and three, who "feels that he needs it," and in getting it is unfortunate enough to contract chancroids at the age of one hundred and gonorrhea at the age of one hundred and three.

In the following history the facts bearing on his age and manner of contracting this attack are given somewhat in detail, because of the possibility of doubt of the former, and to illustrate his state of mind in regard to the latter.

A. C——, aged one hundred and three, native of Ireland, occupation formerly longshoreman, at present none, presented himself on January 30, 1894, at the Dispensary of the University Medical College for treatment.

Examination revealed a copious characteristic gonorrheal discharge, which he stated was only of a few days' duration. Genitals well developed and showing no signs of senility. Complains of painful urination; general health otherwise fair.

In answer to questions he stated as follows, given partially in his own words:

"Didn't know more than that chair about a woman till fifty years of age, because at home you dasn't." Then he married and shortly after he left Ireland. Spent five years in the mountains of Wales, and forty-eight years ago came to this country. His oldest living son is now fifty years, and his youngest thirty-three years of age. His father lived to be one hundred and five, and his mother ninety-

five years of age. His second wife died twelve years ago. This the fourth attack of venereal trouble he has had since—the previous attack three years ago, was chancroids, which was also treated at the Universary Dispensary, and of which he got well in about two weeks.

He feels that he needs a woman. He contracted this gonorrhea from a woman whom he had befriended and assisted; her husband had died some six months previously. She frequently came to him complaining that she had no bread for her children, and he used to "throw" her fifteen or twenty five cents when he had it, because so long as he had a few cents in his pocket, he could not see her children go hungry. She used to come in and drink tea and take a bite, and play a joke, till it came to this that she seduced him. "That's the way she paid me off for helping her children, and I think it will be the end of me."

The following question suggests itself in connection with this case: Could there be any causative relation between the late appearance of sexual activity and its persistence to this advanced age?—*A. E. Isaacs, M. D., in Medical Record.*

Vomiting of Pregnancy.

When a physician has a very stubborn case of the above nature—a case that will not yield to anything that he has tried—patient of a nervous and excitable temperament—cannot retain even a sip of tea or water—and fast growing into an alarming condition—please try the following promptly, and if the second dose fails to give relief, then I shall write no more; it has never failed in my hands, when every other known remedy has:

℞ Fld. ext. valerian ℥i.
Fowler's sol. arsenic, *m* xvj.
Sodii bicarbonas, ʒi.
M. Sig.—Teaspoonful every two or three hours.

The second dose usually relieves, and your patient will feel grateful indeed. Of course, all are familiar with these drugs, but the above combination is recent with me, and it has done what all known remedies have failed to do in my hands. Small doses of the valerian aggravate the nausea, while large ones quiet the whole system. JULIAN BERRY, M. D., Mace, Ind.

Memphis Medical Journal.

Treatment of Cardiac Failure.

Curnow (Lancet, January 13, 1894), in an article on cardiac failure, sums up the treatment as follows:

(1) Physiological rest to the organ, as complete as may be possible, and carried out in relation to the symptoms.

(2) General constitutional methods to improve the nutrition of the body in general.

(3) Special cardiac tonics to improve the work of the heart itself.

(4) The relief of symptoms in other organs.

Often the author prescribes no drug to a patient with dilated heart for several days until the value of rest alone has been demonstrated. Not only ordinary rest, but hurry and all strains must be avoided. In severe cardiac palpitation, a hypodermic of morphia, $\frac{1}{6}$ to $\frac{1}{4}$ of a grain, either with or without a tablespoonful of brandy, given by the mouth at the same times gives much relief. Food should be taken at short intervals. The best general tonics are arsenic, iron, and strychnine. Digitalis is the only reliable cardiac tonic, and the writer has never seen any "cumulative" action. Venesection may save life when there is engorgement of the lungs with cyanosis. Hydragogue cathartics should be given for the dropsy.—*University Medical Magazine.*

The Use of Cocaine.

1. Amount of cocaine used must be in proportion to extent of surface it is desired to anæsthetize. In no case should the quantity exceed one grain and three-quarters.

2. Cocaine should never be used in cases of heart disease, pulmonary disease, or in persons of highly nervous temperament.

3. In injecting cocaine, the intradermic method is preferable to the hypodermic. By injecting into, not under mucous membrane or skin, the risk of entering a blood vessel is avoided.

4. During injection the patient should always be in a recumbent position; in operations upon the nose and throat, the head should not be raised until anæsthesia is complete.

5. It is of great importance that cocaine should be pure, since its combinations with certain other alkaloids result in poisonous compounds.—*Brooklyn Medical Journal.*

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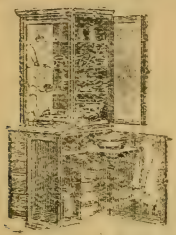

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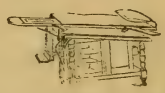

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Miscellaneous.

The Face of a Cynic.

One of the sharpest and most destructive of the chisels marring his countenance is Cynicism. It soured his disposition and then soured his face. It has given a contemptuous curl to his lip. It has drawn down the corners of his mouth and inflated the nostrils as with a malodor. What David said in haste he says in his deliberation: 'All men are liars,' everything is going to ruin. All men and women are bad, or going to be. Medical men especially and the church are on a down grade. Tell him of an act of benevolence, and he says he did that to advertise himself. He does not like the present fashion of hats for women or coats for men. He is opposed to the administration, municipal, and state, and national. Cynicism, if a habit, as it is with this man, writes itself all over the features; hence his sour visage as he goes up and down the street. One good way to make the world worse is to say it is worse. Let a depressed and foreboding opinion of everything take possession of you for twenty years and you too will be a sight to behold. It is the chastisement of nature that when a man allows his heart to be cursed with cynicism his face becomes gloomed and scowled and lachrymosed and blasted with the same midnight.

Another mighty chisel has been used on his countenance, and you may call it revenge, or hate, or malevolence. This spirit having taken possession of the heart it encamps seven devils under the eyebrows. It puts cruelty into the compression of the lips. You can tell from the man's looks that he is pursuing some one and trying to get even with him. There are suggestions of Fero, and Robespierre, and Diocletian, and thumbscrews, and racks all up and down the features. Infernal artists with murderers' daggers have been cutting away at that visage. The revengeful heart has built its perdition in the revengeful countenance. Disfiguration of diabolic passion and bigoted hate.

Another chisel has been used, and its name is hypocrisy. Hypocrisy has taken possession of this soul and it appears in his countenance. Hypocrites are always solemn. They carry several country graveyards in their faces. He always deplores the low state of medical morals in other people, and he has attacks of

hysteria, and he goes into paroxysms of ohs and ahs that seem to demand resuscitation. He goes on in this way to cover up his own vices and he is daily praying for the everlasting destruction of all independence and charity. A man cannot have hypocrisy in his heart without somehow showing it in his face. All intelligent doctors who witness it know it is nothing but a dramatization. A few use the man as a tool and he styles himself their leader and the defender of the code.

Ergot in the Treatment of Periodic Neuralgias.

William H. Thompson (Journal of Nervous and Mental Diseases, February, 1894) recently read a paper on the above subject before the New York Neurological Society, in which he gave the histories of a number of cases of severe periodic neuralgias, in which the symptoms were promptly relieved by the use of ergot in large doses. In all these cases the disease was of long standing, and the usual remedies had been employed without avail. In migraine he administered ergot as follows: Two drachms of a mixture containing equal parts of the fluid extract of ergot and elixir of cinchona are taken in water as soon as the premonitory symptoms of the headache are noticed, and the patient is advised to lie down and keep very quiet. If after an hour the headache continues, a second similar dose is taken, and then a third after another hour, if necessary. As nausea is such a general accompaniment of this affection, it is provided that if either of the doses be vomited, it should then be taken in an enema of two ounces of water. This medication, the speaker said, rarely fails to arrest the attack, even in long-standing cases, and with a preventive course of intestinal antisepsis in the intervals, the relief from the malady has often proved permanent.—*University Medical Magazine.*

Dr. Chapin, in the Forum, says that 10 per cent. of the people of New York City do not accumulate enough to procure burial for themselves. If any change takes place in the poverty and ignorance of the masses, it must come from those who are more intelligent and better favored. These must so arrange matters that the rest shall be educated and strengthened, physically, mentally, and morally, so as to make the best of the resources at hand and thus have a fighting chance in the world.—*American Lancet.*

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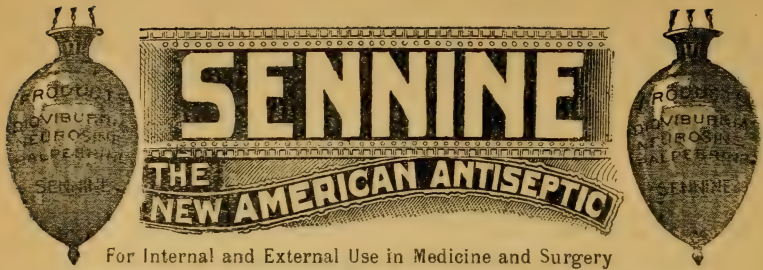

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This book is prepared primarily for a text book in training schools for nurses, but it is a book that every physician that examines will be glad to recommend, not only to young people wishing to fit themselves for the nurse's profession, but also to mothers of families who are anxious to read something on the treatment of diseases and are too often misled by the numerous books of quack remedies. "INFORMATION FOR NURSES" is thoroughly scientific, and the author wisely limits himself to instructing his readers how to follow a doctor's directions intelligently, instead of indulging in the dangerous pastime of administering drugs on their own responsibility.

The retail price of this book is $1.75, but as we expect to introduce it largely through the recommendation of physicians, we will send a copy prepaid to any physician's address on receipt of $1, and shall be glad to arrange with him for placing the sale in his vicinity in the hands of any agent whom he may designate.

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The Treatment of Infantile Convulsions.

In the Lyon Medical for April 8th, we find resume of an article by Dr. A. F. Plicque, which appeared in the Gazette medicale de Paris for March 24th. Whatever may be the cause of the convulsions, says the author, which may be investigated subsequently, action must be taken at once. It is well to use inhalations of ether as an antispasmodic, since that drug can almost always be obtained without loss of time. The bowels should be emptied if necessary by means of an enema containing salt (a tablespoonful of salt to a glass of warm water). This enema is to be preferred to those of more complicated constitution, because they require more time for their preparation. To keep up the antispasmodic action of the ether, Dr. J. Simon advises an enema consisting of twenty drops of tincture of musk, five grains of chloral, and two ounces of warm water. This is intended for a child from three to six months old. The dose of chloral should be not more than four grains for a child under that age, and may be increased to fifteen grains for a child a year old. The following is a suitable antispasmodic draught: Potassium bromide, fifteen grains; tincture of musk, twenty drops; syrup of ether, a drachm and a half to two drachms; syrup of orange flowers, an ounce; linden water, four ounces. Until the child has passed water abundantly there is danger of further convulsions, and he should be watched closely.—*N. Y. Med. Journal.*

The laws of Alabama, as we are informed, protect a physician of that State in his practice and in publishing the following advertisement:

WANTED.—Healthy left male arm from shoulder down; subject must be white and between twenty-five and thirty-five years old; arm to be amputated two inches below shoulder-joint and grafted on another man's body. Will pay handsome price. Apply to the surgeon, Dr. ——, —— street, Birmingham, Ala.

The methods or treatment of this individual are thus described:

He cuts two incisions in the back for headache, taking a poor man's horse in part of a fee of $200 therefor. He punctures the cornea of an eye that is wholly lost, gouges about in the globe, saying "the sight would be entirely restored by thus stimulating the optic nerve"—for which he charges $25 in advance. His office is crowded at all times.—*News.*

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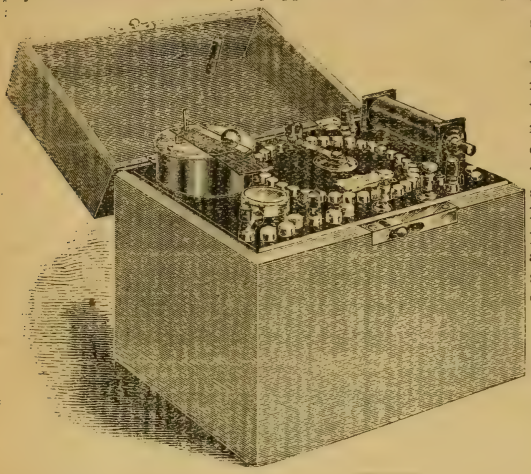

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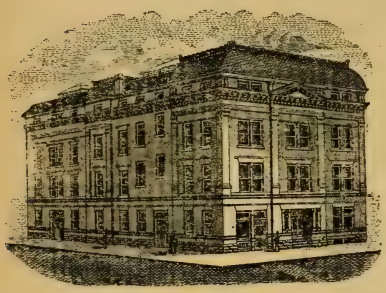

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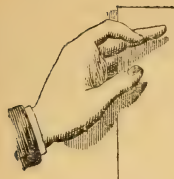

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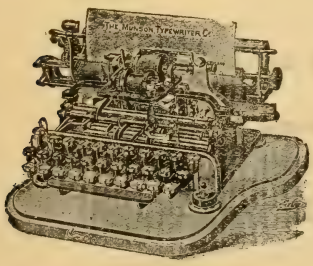

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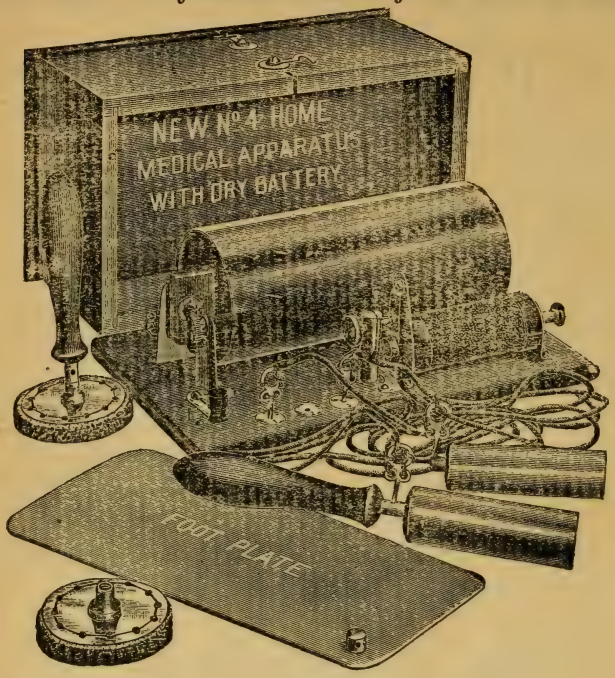

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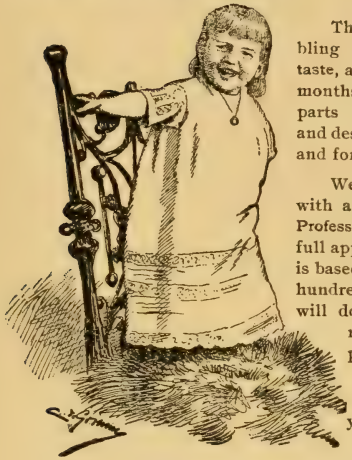

The former is an all-milk Food, closely resembling human milk in character, composition and taste, and designed for infants from birth to seven months of age, and the latter is composed of equal parts of Lacto-Preparata and Dextrinated Wheat, and designed for the remainder of the nursing period and for Invalids.

We make the statement at the head of this page with a knowledge of the general opinion of the Profession in reference to artificial feeding, and a full appreciation of what our statement implies. It is based on personal observation and actual test in hundreds of cases, and we hope that no Physician will doubt this statement without verifying it by making a trial of our Infant Foods as now put up in hermetically sealed cans.

Samples will be furnished gratuitous you desire to make a comparative test.

*KUMYSGEN

Or Kumyss in powder form for making Liquid Kumyss in less than one minute, by simply dissolving the powder in water.

More nutritious and more palatable than any Liquid Kumyss.

There is no Food that equals it in all forms of Indigestion, Pulmonary Affections, Fevers, Vomiting in Pregnancy, Cancer of the Stomach and all conditions of the digestive organs where no food or even water can be retained. In Phthisis, witill increase weight and strength far more rapidly than Cod Liver Oil.

KUMYSGEN is incomparable as a **Food** where **easy digestion, high nutrition** and **palatability** are desired.

A pound bottle of **KUMYSGEN** will be sent any Physician prepaid on receipt of fifty cents, which is about one-third its retail price. **KUMYSGEN** is now put up only in bottles holding 20 ounces and 5 pounds.

KUMYSGEN is much less expensive than ordinary **Liquid Kumyss** to prescribe and its keeping qualities are perfect, while the latter spoils in a very short time.

*KUMYSGEN, when first prepared, was not relished by some patients, but, as improved, commencing with batch 200, it will please the most delicate palate

REED & CARNRICK, New York.

Century Chemical Company Preparations.

(NON-SECRET.) (NON-PROPRIETARY.)

U. D. M. Indorsed by Eminent Physicians. Accepted in Hospitals and Clinics as a Safe and Positive Cure for ORGANIC STRICTURE.
(Send for information as to Formulæ, Samples, etc.)

BOUGIES (MEDICATED) The Treatment Par Excellence for GONORRHŒA AND GLEET.

PESSARIES (MEDICATED) An Ideal Local Treatment for FEMALE DISEASES.

REVIVANT (CONCENTRATED) Pre-Eminent as a GENERAL TONIC. Unsurpassed as an APHRODISIAC. Unrivaled as a UTERINE TONIC.

Send for Literature as to Samples, Formulæ, Testimonials, etc.

CENTURY CHEMICAL CO., No. 904 Olive St., St. Louis, Mo.

THE EMPIRE
ELASTIC BANDAGE.
SPECIALLY ADAPTED FOR
VARICOSE VEINS,
and superior to elastic stockings. The most elastic and absorbent bandage made.
Price, 5 in. by 5 yd., $1.00.

EMPIRE ABDOMINAL SUPPORTER.
Coolest, Most Comfortable and Best Supporter in the World. Price, 8 in. wide, $2.50; 11 in. wide, $3.00

The Empire Umbilical Truss is an 11 inch supported with button inserted at the navel. Price, $4.00.
All of above prices are net to physicians. We send all our goods free by mail, upon receipt of price, and refund money if not satisfactory.

EMPIRE MANUFACTURING CO., Lockport, N. Y., U. S. A.

Shopping by Mail.

The Mail Order Department of my business is a very important one, and the orders I receive for Furniture, Organs and Pianos, selected from catalogues, are rapidly increasing every year. It is a department that I give special attention to, and every article that leaves my store must be in good condition and come fully up to representation, or it can be returned to me and the money will be refunded. The catalogues and illustrations I issue of my Furniture, Pianos and Organs represent the leading and best styles, and you run no risk of getting old styles and shop-worn goods. My prices are just as low on goods when ordered by mail as you could possibly buy them if you were here to select in person.

Reliable and substantial goods, newest styles and lowest prices to all is the way I do business. I prefer so be reliable to anything else.

If you can't come to my store in person and select for yourself, send me your orders by mail, and your orders shall receive conscientious, fair and impartial treatment.

C. M. ANDREWS,

16 and 18 West Trade St. CHARLOTTE, N. C.

IODIDE OF LIME.
(NICHOLS)

A very Valuable Alterative.

ESPECIALLY INDICATED IN CROUP.

BARK AND IRON.
(NICHOLS)

A Safe and Efficient Tonic, used with advantage in ANÆMIA

These preparations are manufactured exclusively by

BILLINGS, CLAPP & CO.,

Boston.

Literature and samples furnished to physicians on application.

This Elixir is prepared from the Chemically Pure Salts. Results can be looked for from its administration that could not possibly be expected from the Commercial.

FORMULA.

Each fluid drachm contains:

Arsenici Iodidum 1-125 grain, Ferri Iodidum 1-12 grain. Hydrargyri Iodidum 1-125 grain, Manganesii Iodidum 1-10 grain, Potassii Iodidum one grain, Sodii Iodidum one grain, *with Aromatics.*

MEDICAL PROPERTIES.

The greatest *value* of this *combination* is, that it often relieves those *obscure* and *chronic obstructions* to *gland action*, whether of the great glands as the *kidney, liver, pancreas*, or of the *lymphatic system*, which may exert so great an influence for evil on the economy. It seems to continuously increase its gain of confidence of the Medical Profession, as its use is indicated in a wide range of diseases, particularly so in *pernicious anæmia*, many forms of *skin disease*, both *scaly* and *papulary* has remarkable curative effects in *specific diseases* and other manifestations of *systemic infection*; in females suffering from *chronic uterine* and *pelvic diseases*, and in all kindred complaints, where an *alterative* and *tonic* is indicated.

It is the *combination* which is so *remedial*, proving that the *united action of remedies* is often requisite to success when either alone is insufficient.

Is prepared not from the commercial, but from the chemically Pure Salts.

FORMULA.—Each fluid drachm contains:

Bromide Potassium 5 grains, Bromide Sodium 5 grains, Bromide Ammonium 3 grains, Bromide Calcium 1½ grain, Bromide Lithium ½ grain, Bromide Iron ½ grain WITH AROMATICS.

MEDICAL PROPERTIES.

This preparation is entitled to rank as one of the most valuable therapeutical agents in *quieting non-inflammatory excitement* of the *Reflex Centers* of the *Cord*, of the *Peripheral Afferent Nerves*, of the *Genital Function*, and of the *Cerebrum*. It is particularly valuable in *Epilepsy*, nearly always effecting a permanent cure where the cause is idiopathic, and the patient follows up the treatment closely. In many forms of *Puerperal, Infantile* and *Hysterical Convulsions*, the most happy results follow its use. The *ELIXIR SIX BROMIDES* cannot be overrated in relieving *Nervous Headache, Sleeplessness, Neurasthenia, General Nervous Irritation*, and the various *Functional Disorders*. As a direct means of *diminishing* the *frequency* of *Seminal Emissions* it is of great service. We claim that the ELIXIR SIX BROMIDES, is much LESS DEPRESSANT to the CIRCULATION than if a lesser number of the Bromides were administered, also the Iron it contains gives it the great advantage of not being FOLLOWED—even if its use is LONG CONTINUED—by the SEVERE ANÆMIA that so often follow the use of the Bromides given alone.

The Hypophosphites are as much of a *FOOD* as a *MEDICINE* for the Nervous System,

Unequaled as a Reconstructive Remedy. Only the Chemically Pure Salts enter into its combination.

FORMULA.

Each fluid ounce contains:

Hypophosphite Iron 2 grains, Hypophosphite Lime 2 grains, Hypophosphite Manganese 1 grain, Hypophosphite Potassium 2 grains, Hypophosphite of Quinine 1 grain, Hypophosphite Strychnine 1-16 grain.

MEDICAL PROPERTIES.

This is one of the few happy combinations, of whose therapeutic value the Physician has always been convinced. The *ELIXIR OF SIX HYPOPHOSPHITES* is not only made from chemically pure salts, but is *pleasant* and *agreeable* to the *taste*, and is most *reliable* and *efficient* in its *action*. This remedy has had a high reputation in *Scrofulous Diseases* and *Defective Nutrition* of the *Nerve Centers*, furnishing *Phosphorus* to the Tissues, thus acting as a *Nervous Stimulant*. As a *Nutrient* and *Restorative* in *Pulmonary Consumption, Bronchitis, Asthma, Dyspepsia, Nervous Exhaustion, General Debility* and *Chronic Wasting Diseases*, it cannot be overestimated, and for the restoration of feeble and exhausted constitutions, whether occurring in infancy or old age, is invaluable.

A *PURE LAXATIVE* made from the fresh-selected Drugs, Suitable for all ages and conditions in Removing Constipation.

FORMULA.

Each fluid ounce (with Aromatics) contains:

Rhamni Purshiani Cortex (Cascara Sagrada) grs. XXX,
Podophyllum Peltatum (May-Apple) grs. XXX.
Taraxacum Officinale (Dandelion) grs. XXX.
Juglans Cinerea (Butternut) grs. XXX.
Cassia Acutifolia (Alexandria Senna) one drachm.
Potassii et Sodii Tartras, (Rochelle Salt) one drachm.

There are few disorders that cause so much mischief as **CONSTIPATION.** The **ELIXIR SIX APERIENS** is recommended as a *pleasant, efficient* and *trustworthy* remedy for *obstinate constipation* of the Bowels and the Diseases which attend it, as *Headache, Flatulence, Piles, Liver, Stomach, Intestinal* and *Uterine Troubles*, and the MANY OTHER AILMENTS which the physician can trace to *FÆCAL RETENTION*. Amongst the many advantages this Elixir has, it does not tend to leave the Bowels in a confined state, but Strengthens the Muscular Fibres of the Intestines, thereby producing permanent benefit upon the Peristaltic Action of the Bowels. The tendency to griping and nausea produced by the ordinar Cathartic is overcome by this elegant Pharmaceutical Preparation which MOVES THE BOWELS GENTLY WITHOUT PAIN OR OTHER INCONVENIENCE. We attribute its mild and efficient action on the Bowels to the *combination* of the Six well-selected Laxatives.

Physicians when prescribing will please write:

℞ ELIXIR SIX original bottle—(*Walker-Green's*) Druggists will please write directions on their own labels.

A full size bottle of either Elixir will be sent to any Physician by express prepaid on receipt of $1.00.

WHOLESALE PRICE PER DOZEN, Iodides, $8; Hypophosphite, $5; Bromides, $5; Aperiens, $4.

SEND FOR DESCRIPTIVE CIRCULAR.

These Elixirs are kept in stock by Wholesale Druggists generally throughout the United States.

THE WALKER-GREEN PHARMACEUTICAL CO. [INCORPORATED]

HEAD OFFICE, 180 W. REGENT STREET, GLASGOW, SCOTLAND.

Western Depot, U. S. A., 17 W. Fifth St., Kansas City, Mo.